VOLUME 39
NUMBER 7

JULY
1943

THE CANADIAN NURSE

Ready for a Home Visit

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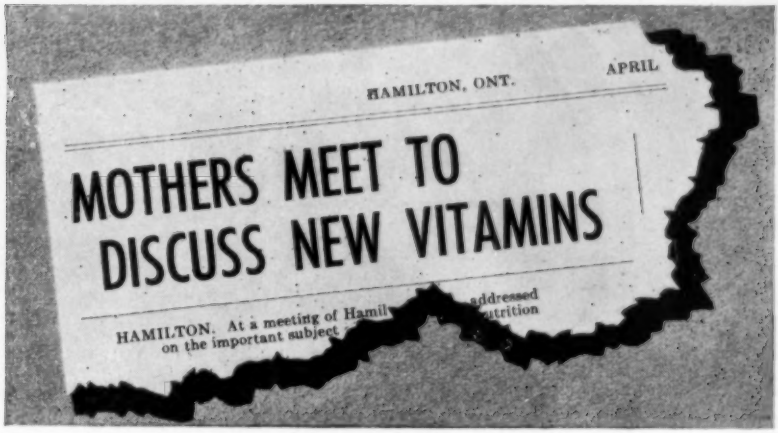
THE CANADIAN NURSES ASSOCIATION

THE NUTRITION CLINIC . . . *with special reference to canned foods*



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WHEN the daily papers report on the forward march of medicine, the physician frequently hears echoes from his patients.

For example, "Should the new vitamins be included in my diet?" is not an improbable question for an intelligent patient to ask you.

Our Nutrition Laboratories, keeping abreast of the literature, have prepared an answer. It is given below. The references also are given. It is hoped that this material will be useful to you.

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(1) *What are the Vitamins?*, W. H. Eddy, Reinhold Publishing Corp., New York, 1941.

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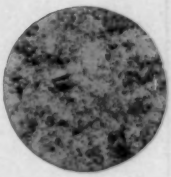
Now Babies Need Suffer Fewer Digestive Upsets

Thanks to

Photomicrograph of vegetables after careful straining. Note coarse texture.



Photomicrograph of vegetables after Homogenization by Libby's exclusive process. Note how food cells are broken up, texture refined.

Danger of severe digestive upsets caused by fermentation of undigested food in the intestinal tract has prevented most doctors from adding nutritious solid foods to the diet of the very young infant.

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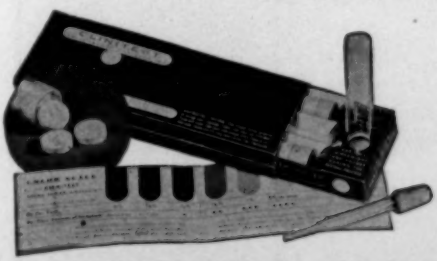

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For further information address:

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---

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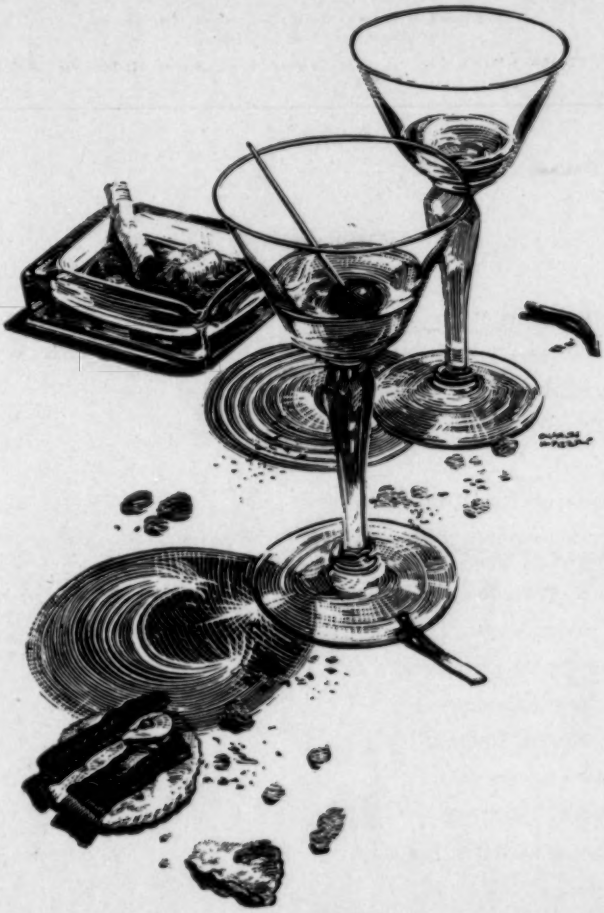

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The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.
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ETHEL JOHNS, Reg. N., 1411 Crescent Street, Station H, Montreal, P.Q.

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Reader's Guide

One of the most important and significant meetings ever held by the **Executive Committee of the Canadian Nurses Association** has just come to a close as these words are written. Representatives of every Province were in attendance and discussion was both animated and enlightening. Under the caption of **Notes from the National Office** you will find the text of a number of resolutions that are worthy of careful study. These indicate the general nature of national policy in regard to supply and distribution of nursing service and indicate a fairly radical trend with respect to the education of nurses. Unfortunately it is not possible for the *Journal* to clothe the bare bones of these resolutions in the flesh and blood which rendered them so vital and interesting when they came up for consideration. Make it your business to talk with your provincial representative and to find out, at first hand, something about what went on at that eventful meeting.

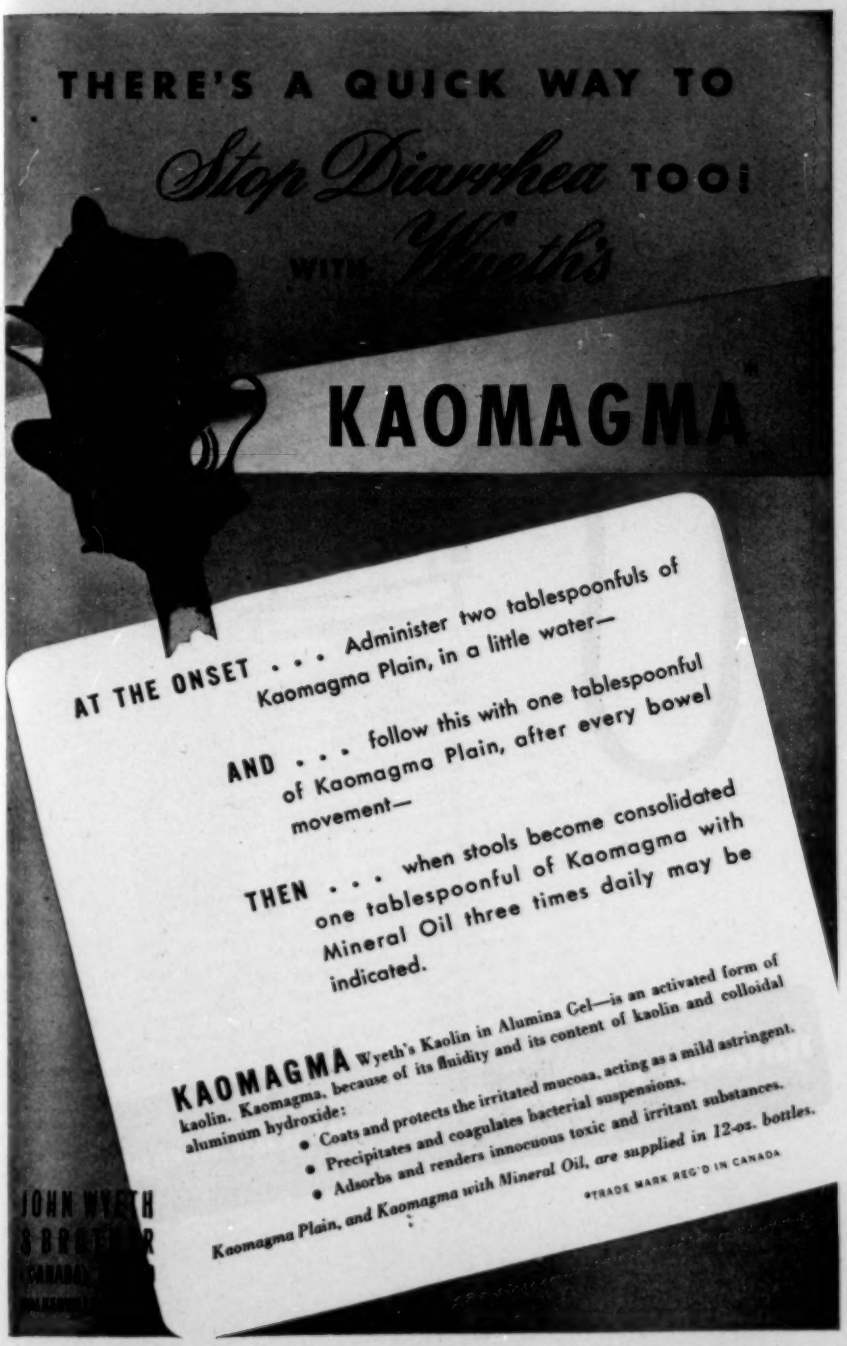
Nothing delights the editorial heart more than an article that deals with the art and science of nursing. **Edna Larmour** presents an admirable picture of an unusual and difficult case which required a high degree of intelligence and skill on the part of the nurse. Miss Larmour is a graduate of the School of Nursing of the Saskatoon City Hospital and, at the time this study was made, was taking a post-graduate course in teaching and supervision at the McGill School for Graduate Nurses together with clinical experience at the Montreal Neurological Institute.

There can be no doubt that nursing service in a mental hospital affords excellent clinical experience. **Ella Smith** describes the intelligent and resourceful handling of a condition which at first sight might have seemed baffling. Fortunately the psychic factors were taken into consideration from the outset, with extremely gratifying results. Miss Smith is instructress of nurses at the Ontario Hospital, Kingston, and chairman of District 7, Registered Nurses Association of Ontario.

The Public Health Nursing Section is justly proud of the excellent series of articles on industrial nursing which have appeared recently on its Special Page. The latest of these deals with the effect of emotional difficulties on the well-being and safety of the worker. It was written by **Dr. J. E. Morsh,** assistant professor in the department of philosophy and psychology of the University of British Columbia.

Instructors do love to get together and talk shop and every time they do so their pupils are sure to reap the benefit in terms of more vital and enthusiastic teaching. In her official capacity as convener of the committee on instruction for the Province of Alberta, **Laufey Einarson** initiated and carried through a programme which has had a stimulating effect in every school which participated in it. Miss Einarson is a member of the teaching staff of the Royal Alexandra Hospital in Edmonton.

An explanation is certainly due to the persons who prepared such vivid and interesting accounts of the **Annual Meetings** of the various Provincial Associations of Registered Nurses. In order to conserve space, it was necessary to condense rather severely. All we can say is that the blue pencil was used with real regret and (we hope) with reasonable discretion.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The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-NINE *NUMBER SEVEN*

JULY 1943

Keeping Fit on Iron Rations

For the past three months the *Journal* has been learning to live on "iron rations" (remember the April issue?) We won't pretend it has been easy to get along with a greatly reduced quota of paper or to scale the *Journal* down from that proud eighty-four page January number to its present slim proportions. In fact, it nearly broke our heart to have to do it. Quite a few unpleasant little dodges have had to be adopted in order to save a line here and there. The editorial blue pencil is worn to a stub and stricken authors weep over their mutilated manuscripts. Yet in spite of all, the *Journal* got on with the job and made the deadline as usual without leaving out anything of cardinal importance.

At this point, let us take a look at the *Journal* you are now reading. Although it seems a bit thin it actually contains about as much reading matter and as many advertisements as usual. The necessary space was found by omitting the whole of the Official Directory except the page related to the Canadian Nurses Association. This adjustment was made possible by the prompt and generous co-operation of the Provincial Associations of Registered Nurses and the Alumnae Associations of eighty-seven schools of nursing. These announcements will also be omitted in the August issue but will reappear in September. Subsequently, they will be published four times each year, in accordance with a regulation laid down by the Canadian Nurses Association at its recent executive meeting. Arrangements have been made whereby no organization will incur any loss in terms of money and detailed information will be sent to each Association in due course. We may as well confess that the *Journal* doesn't seem natural without the Official Directory. Quite apart from its value as a source of revenue at a time when we were in very low water, it was always heartening just to read that friendly list of nurses.

By way of a happy conclusion, we would like to say a reassuring word. The August number will probably be about the size of the current issue but, by September, if no further restrictions are made by the Wartime Prices and Trade Board, we hope to blossom out with a few more pages. Don't ask us how we are planning to do it — the W.P.T.B. might be listening. — E. J.

New Honours for Canadian Nurses

The King's Birthday was a proud occasion for the nurses of Canada for it brought well merited recognition to many within our ranks—first and foremost, to Marion Lindeburgh, the beloved president of the Canadian Nurses Association. Miss Lindeburgh has been appointed an Officer of the Order of the British Empire and, with characteristic modesty and generosity, insists on sharing her new laurels with the members of the Association over which she so ably presides.

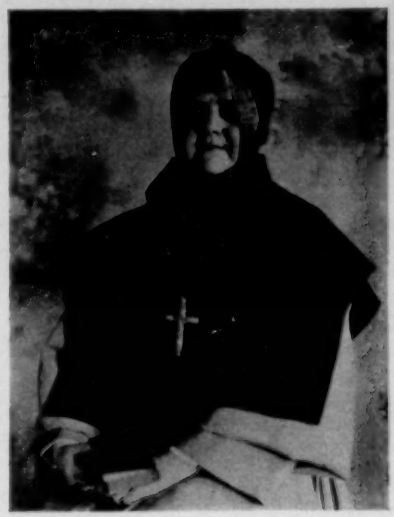
Margaret R. Cameron was named a Member of the Order. Miss Cameron recently retired after rendering long and devoted service as superintendent of nurses in the Mountain Sanatorium, Hamilton, Ontario. The Reverend Sister Décary, director of nursing in Notre Dame Hospital, Montreal, was also appointed a Member of the Order and a similar honour was conferred on the Reverend Mother Ste. Jeanne de Chantal, Mother Superior of the Hotel Dieu in the city of Quebec. Miss Edith Fenton and Miss Elizabeth Rousseau have been appointed Members of the Order in recognition of their meritorious work in the St. John Ambulance Association. Reverend Sister Mary Philips, Mother Superior of St. Paul's Hospital, Vancouver, has become a Member of the Order and so has Miss E. E. Love, superintendent of nurses in the Fort Qu'appelle Sanatorium, Saskatchewan. Luce Tremblay, a district nurse in Chicoutimi, Quebec, has also been appointed a Member of the Order.

MARION LINDEBURGH, O.B.E.

Fourteen members of the R.C.A.M.C. Nursing Service, two members of the Nursing Service of the Royal Canadian Navy, and two members of the Nursing Service of the Royal Canadian Air Force were appointed either Members (first class) or Associates (second class) of the Royal Red Cross. The Members (R.R.C.) are Maj. Moya McDonald, Principal Matron, R.C.A.M.C.; Maj. Agnes Jean Macleod, Principal Matron, R.C.A.M.C.; Maj. Mary Richmond Shaffner, Principal Matron, R.C.A.M.C.; Lillian Esther Thomas (Acting Maj. Principal Matron), R.C.A.M.C.; Capt. Kathleen

Blanche Harvey, Matron, R.C.A.M.C. The Associates (A.R.R.C.) are Mima Maclaren (Acting Maj. Principal Matron), R.C.A.M.C.; Nursing Sister Dorothy Forsythe Ballantyne, R.C.A.M.C.; Nursing Sister Charlotte Rhoda Blue, R.C.A.M.C.; Nursing Sister Jeanne d'Orsonnens, R.C.A.M.C.; Nursing Sister Queena May Esdale, R.C.A.M.C.; Nursing Sister Evelyn Doris Gregory, R.C.A.M.C.; Nursing Sister Robina Margaret Hunter, R.C.A.M.C.; Nursing Sister Charlotte Isabelle Nixon, R.C.A.M.C.; Nursing Sister Anna Lorraine Young, R.C.A.M.C.

The following members of the Nursing Service of the Royal Canadian Navy were appointed Associates of the Royal Red Cross: Matron E. I. Stibbard and Matron M. G. Russell. The following members of the Nursing Service of the Royal Canadian Air Force were also appointed Associates of the Royal Red Cross: Section Officer (Nursing Sister) Lillian E. Johnston and Assistant Section Officer (Nursing Sister) Elizabeth R. Farquharson.



REV. SISTER DECARY, M.B.E.

Nursing Aspects of Craniopharyngioma

EDNA LARMOUR

I chose Donald for my study because he was a very interesting patient to nurse. At school and at home he was noted for his sunny disposition and when the family doctor said that it was necessary that he be sent to the Montreal Neurological Institute, his school friends, their fathers and mothers, and in fact all the citizens of the town contributed to defray the cost.

Donald is twelve years old and except for two minor head injuries in May 1941, he was in good health and active until June 1942. He then began to have bilateral supraorbital headaches which have since been replaced by periods of severe stabbing headache in the left posterior frontal region. He was admitted to a hospital in his home town complaining of this headache and of nausea and vomiting, accompanied by amnesia. These symptoms cleared up for two months and he was well enough to return to school. However, he had a recurrence and also had several periods of as much as twenty-four hours when there was loss of memory. He did not completely lose consciousness, but sat still or remained quietly in bed, complained of severe headache and vomited. He replied when spoken to but did not recall what had happened on the previous day.

On admission to the Neurological

Institute, he appeared to be well nourished but in development below his stated age. His chest was particularly well padded and he said that he had always been chubby, and there was no history of recent weight gain. It was noted his testicles were rather small and atrophic, otherwise the genitalia appeared about normal for his age. The only deviation from normal on examination of the cranial nerves was that his visual acuity, with hand card test, was impaired. The discs were swollen and appeared congested; bilateral papilloedema, with considerable venous engorgement, was present. Here, as in other conditions producing like symptoms, the cerebrospinal fluid is forced out along the sheaths of the cranial nerves as they leave the skull. This produces a like pressure on the delicate nerve fibrils within their sheath and, if long continued, may result in permanent damage. This is particularly true of the optic nerve where this pressure, if unrelieved and long continued, results in degeneration or destruction of the delicate structures, and so in loss of vision. The filling of the optic nerve sheath is known as choked discs and can be observed and the degree measured by examination with the ophthalmoscope. This is a valuable sign in the diagnosis of brain lesions and other conditions causing increased intracranial pressure. Clinically the patient now presented the cardinal signs of generalized increased intracranial pressure — headache, vomiting, choked discs.

Skull x-rays were taken and the following impression was recorded: "Craniopharyngioma, probably associated with increased intracranial pressure. Pineal calcification in both planes not displaced; a calcified area 1.5 cm. in diameter is seen lying immediately above the sella turcica. It would be interesting to examine the epiphyses." The next day the suggestion of further x-rays was carried out. Bone x-rays of right knee, wrist and elbow, revealed his bone age as being between 8 and 9 years in comparison with his chronological age which was stated as 12 years. Presumably the delay of ossification results from craniopharyngeo pouch tumour. On the same day, an electroencephalogram was done. During this test, the brain waves were recorded and the character and rate were shown to be altered by disease of the cortex. The patient was then referred to the endocrinology department for consultation with the following findings: "almost 13 years of age, height 49½ inches, while average height is 60 inches, therefore well below the average height. The testes and secondary sex organs are small and there is no pubic or axillary hair. He thus presents the general picture of hypofunction of the anterior pituitary, commonly seen in craniopharyngioma."

The pituitary gland is small in size, being only slightly larger than a cherry stone, but its importance is indicated by the care with which it is protected from injury, for it lies in a little roofed-in chamber on the floor of the skull with the entire mass of brain above it and the nasal cavity below it. It is regarded as the master gland of the body, regulating and co-ordinating the action of the other endocrine glands and exercising a profound influence on the growth of the body and on the development of the sex organs and of the mind of the individual. It consists of two parts — the anterior and posterior lobe. The anterior lobe is glandular in nature and produces the various hormones which play such a vital part in the development and functioning of the body.

A craniopharyngioma tumour is one that arises from remnants of the craniopharyngeal duct. These tumours arise in the region of the sella turcica (which is the cavity in the spheniod bone in which the pituitary body is lodged). They occur most frequently in the infundibulum (the canal from the pitui-

tary body to the third ventricle) above the sella, as in this case, and next most frequently beneath the capsule of the anterior lobe. They are usually cystic and frequently calcified. They also occur more frequently in children. The only treatment is partial surgical removal or aspiration of the cyst.

On the morning of October 16, the patient's head was shaved and the scalp cleansed and then painted with alcohol and iodine. A left parieto-occipital trepanation was done under local anaesthetic. This procedure indicated marked increased intracranial pressure. He stood this procedure well and the next morning a ventriculogram was done. This procedure is undertaken when the pressure is very high. The fluid is drained off by means of a blunt brain needle and then the oxygen is introduced into the ventricle through the trephine hole. The ventricle opposite the probable side of the tumour was selected for puncture. Then x-ray plates were taken which showed an obstruction which obliterated the third ventricle in the neighborhood of the foramen of Munroe, which was visible, but in spite of adequate posturing (including placing the patient upside down) no gas entered the third ventricle.

Following this treatment the patient was carefully observed for further signs of increased intracranial pressure, which could have necessitated immediate operation at any moment. However, his blood pressure, pulse and respirations, and response remained good that night, so the operation was performed the next morning. At 5 a. m. he was given 200 ccs. of sweetened fruit juice in order to raise the glucose content of the blood to assist him in standing the operation for a number of hours. At 9.30 a. m. he was given codeine grs. ½ and atropine grs. 1/150 hypodermically as a sedative on leaving the ward. The anaesthetic used was avertin and ether. The avertin is used as the basal anaesthetic but is not sufficient to operate under, so ether is administered intratrachially and thus lessens the danger of cerebral edema.

The operation consisted of a right frontal osteoplastic craniotomy and removal of a third ventricle tumour. The procedure was as follows: "a curved incision was made and the scalp turned downward. The bone flap was then turned lateralward on the temporal muscle. The dura was opened under the frontal lobe. The chiasm was approached and it was found that no tumour was presenting under it; the chiasm was not raised up, so that no effort was made at removal from this direction. The dura was then closed, and opened in a small area, on the lateral aspect of the frontal lobe; an incision was made, and a certain amount of brain excised so that it would remain open. The opening was carried down to the ventricle with suction. Retraction then showed the foramen of Munroe and in the foramen a black shining object. A needle was passed into it and about 10 ccs. of yellow fluid was sucked out. The tumour was then pulled out with forceps, it being rather pinkish fleshy material. Some tissue just back of the foramen of Munroe was removed with the tumour in order to get control of a bleeder at this point, but there was otherwise no injury except that made by the incision of the brain. The dura was then closed, the bone flap replaced with steel wire, and the aponeuroses and skin closed in the usual way."

These operations usually last a number of hours and involve a considerable loss of blood. In order to combat the shock the patient was given 400 ccs. of 5% glucose intravenously and 500 ccs. of blood during the operation. When at 5 p. m. he returned to the ward, the interne from the operating room accompanied him and left specific orders. Each intracranial operation is different and hence each is treated individually. The patient's condition was only fair; his

blood pressure was low and of poor quality; his temperature was 100°, pulse 128, respirations, 22; his extremities were icy cold in spite of his elevated temperature. Hyperthermia is one of the most serious complications of intracranial operations, and to counteract it the patient was stripped, with only a sheet for covering, and sponged frequently; ice packs were applied to the axilla and groin. He was placed in a semi-prone position, this being the most favourable for all neurosurgical patients because it favours drainage on the "good side" and lessens the chance of aspirating mucus into the lungs. Posturing varies according to the site of operation. In order to promote good wound healing, patients must never lie on the operative side for more than 15 minutes at a time until the sutures are removed, and only then if absolutely necessary for a change of position.

The patient was turned every two hours to prevent pressure areas, and also for his physical comfort. He was given a small head pillow and, after he became conscious, a larger one. In posturing, it is necessary to support the patient well when placing a pillow in front of them for this purpose: "the patient is only comfortable when he is no longer conscious of trying to maintain his position".

Hand grips must be checked frequently on return from the operating room. By careful comparison of them from time to time this enables one to detect any weakness which would be a danger signal, usually of bleeding. The pupils are tested frequently, noting if they react slowly or are unequal, or if one reacts and not the other, which may be due to haemorrhage, edema, or a clot on the third nerve. A slowing pulse, slowing respirations, or drowsiness would indicate increased intracranial pressure. All these factors help to interpret the patient's condition and any abnormality can be recognized early.

By 7 p. m. he was moving all the extremities, responding when spoken to but very confused, and was taking fluids well. His outer dressing was changed on account of excessive drainage and these dressings were reinforced whenever necessary to prevent any possible chance of infection of the wound. He was able to void; this is very important as these patients should never be allowed to become distended because this condition causes restlessness. In some pituitary operations there is a disturbance of the water balance, hence their intake and output must be accurately recorded.

Within the next few hours the patient became quite restless, and was nauseated with emesis at times. His condition remained about the same during the night, his temperature ranging from 100 to 101.4° and followed this course for the next four days. He slept for long periods. On the second post-operative day his eyes were very edematous. Edema externally is a warning that there is edema within — a swelling of the brain tissue, giving rise to pressure. His bandage was very carefully loosened a little in order to relieve the pressure, with special care to his eyes. They were irrigated with sterile boracic solution and a drop of sterile liquid paraffin was instilled. Moist boracic compresses were applied frequently. Mouth care must be given frequently, every two hours or oftener if necessary. A dry, furred tongue and a foul breath are peculiarly frequent in neurosurgical cases, especially in very ill patients.

The wound was dressed and considerable edema was found around the operative site. A lumbar puncture was done and the fluid was withdrawn very slowly by means of a small bore needle, in order to relieve increased intracranial pressure. The pressure was 250 ccs. as compared with the normal pressure of 140 ccs. per cubic mm; three ccs. of clear pale yellow fluid were withdrawn; the final pressure was 225 ccs. This

fluid showed no abnormality upon examination.

The patient was now taking fluids well, and was much more alert, although still confused at times. On the fourth day he was given an oil enema which made him feel much more comfortable. Enemas are only given on the order of a doctor, the time varying according to the patient's condition. It is most important that these patients not be allowed to strain as there is always the danger of blowing out a bleeding point.

Sutures were removed from the burr hole area, which showed a purplish red discolouration, a possible pressure produced by the operation, as the area was contra-lateral to the operative site and his blood pressure was low during the operation; to this area a sulfathiazole dressing was applied. The head dressing was changed and all the sutures removed; the wound was in good condition. Here we stress the importance of rigid aseptic technique in doing these dressings because we are aware that the central nervous system has very little resistance to infections.

On his twelfth day on the road to recovery, Donald's interest grew again in ward activities and he was able to sit out of bed. He was mentally alert but still forgetful at times. He was taken to see a consultant who advised, for the purpose of stimulating growth and height, that testosterone propionate be given intermuscularly, weekly for six months. Height and weight should be checked every three months. A rest period of four months should follow this course of therapy and, if the rate of growth during the rest period is unsatisfactory, a further course of six months should be given. It should be made clear to the parents that this therapy will result in growth of the secondary sex characteristics and body hair. The red letter day for Donald was when he was allowed to leave the hospital and then to return, in a few days, to have a small dressing on the occipital pressure area changed. Much improvement was noted, and his memory was clearer. We learned recently that he is getting along nicely and is still improving.

From a study of this patient I have learned the importance of post-operative nursing care and realize that keen observation and accuracy in taking and recording blood pressure, pulse, respiration and temperature cannot be overstressed. In this patient, the development of a heat centre temperature, even though his extremities were so cold, showed the necessity of immediate treatment. Had this symptom been neglected, in a very short time his respiration and pulse would have been out of control and could have proven fatal. These patients require encouragement, sympathy and understanding and too much cannot be done to instil courage in them. After long illnesses many of them lose confidence in themselves and it is here that the nurse, of all the medical group, has the most prolonged and intimate relationship with the patient. She must assume the responsibility of assisting them to make desirable readjustments. Donald at times appeared very self-conscious regarding his lack of memory. However, with reassurance from his nurses, he was able to overcome this difficulty.

I also realize the value of having specialized equipment to aid in diagnosis, such as the electroencephalogram, which is of unlimited value in the neurological field. I have gained a better understanding of that master gland of the body and its drastic effects upon an individual when it fails to function effectively. I also understand why immediate treatment was imperative to save the boy's life, and I appreciate the value of the contribution made by community effort in the sending of the boy to the Neurological Institute for treatment.

In no other field of nursing are post-

operative complications likely to be so serious or to play so important a part in the final outcome. Pituitary operations are especially difficult on account of the position of the gland and of complications that may afterwards arise. The life or death of the patient frequently depends upon the earliest possible recognition of these complications at a time when, by proper treatment, their control is possible. In no other situation does the nurse play such an essential and important part. Upon her constant, reliable, intelligent observation and prompt report, the surgeon must depend in a great degree for the successful outcome.

Planning Today for Tomorrow's Hospital Care

The nurse is in a strategic position to observe the psychological reactions and the thought processes of the patients under her care and knows from experience that the impending hospital bill is often a source of worry. Unprepared for the emergency of confinement to hospital, they must either enter an "indigent" ward, thereby acquiring the stigma of being a charity patient; or attempt to pay their way by using up any small savings they may happen to have. Until comparatively recent years, there was, seemingly, no solution to this very real problem. Today, however, the problem is realistically and successfully tackled through the medium of group hospitalization, which enables a man or woman to pay in advance for hospital service which may be required to-morrow.

Perhaps the swiftest growing of the hospital plans in the Dominion is that sponsored by the Ontario Hospital Association for the benefit of the citizens of Ontario. Plan for Hospital Care, as it is called, started in Toronto about two years ago, with the approval and co-operation of the Ontario Department of Health. There are enrolled, at the moment of writing, more than 170,000 subscribers in all parts of Ontario with the numbers increasing almost daily. Under this plan it is possible for Ontario workers to obtain services at a cost of less than two cents a day. An entire family (husband, wife, and children under sixteen years of age) may be enrolled for less than three and a half cents a day. Members are enrolled in groups only and not as separate individuals. This ensures that a fair, representative cross section of the population is secured in which the need for hospital service will not exceed the average, thus protecting all enrolees.

Enrolment is open to employees in places of business where there are five or more on the staff, and where the employer will co-operate by deducting subscriptions from each worker's pay. Facilities are also provided for enrolling members of established community organizations such as professional associations (doctors, lawyers, dentists, etc.), Farmer's Co-operatives, Credit Unions and similar bodies. Nurses, of course, are also eligible to enrol by group through their Alumnae Association or hospital.

The monthly subscription for an enrolled member is 50 cents, which provides care in a standard hospital ward. A semi-private ward can be obtained for a monthly subscription of 75 cents. For a family, the subscriptions are respectively: $1.00 and $1.50 monthly. No physical examination of the subscriber is required, and pre-existing and chronic conditions are provided for. More than 150 Ontario hospitals are at present co-operating by providing services. Subscribers may select any one of these hospitals they wish in which to receive treatment. Provision is made for 21 days of hospital care for each subscriber in each year.

A subscriber on entering hospital merely presents his card of membership in the Plan. He is asked no embarrassing questions as to his ability to pay, and is entitled to accommodation; meals; use of the operating room as often as necessary; use of anaesthesia equipment; routine clinical pathological, bio-chemical and basal metabolism tests; electrocardiographic films; ordinary drugs and medications; dressings and plaster casts, etc.

— FREDERICK BELL

An Able Administrator Retires

With the retirement of Miss Georgie L. Rowan, the profession is faced with another vacancy which will not be readily filled. A graduate of Grace Hospital, Toronto, Miss Rowan undertook post-graduate study at Bellevue and Sloane Hospitals in New York City, and returned in 1911 to take charge of the School of Nursing of her Alma Mater, and subsequently to administer the Hospital. For many years she discharged these duties with distinction, until, with the amalgamation of Grace Hospital and the Western Hospital, she assumed responsibility for the Private Patients' Pavilion of the latter institution.

GEORGIE L. ROWAN

In attempting to comment upon Miss Rowan's qualities and achievements, many things might be said. For instance, there comes to mind her philosophy of life—broad in outlook and tolerant in spirit, the outcome of a disciplined upbringing and of a sound education. Or again, as an educator in the nursing school; one thinks of her classroom teaching, couched in language both lucid and well-chosen (this to be demonstrated later also as a lecturer in hospital administration in the University of Toronto School of Nursing), or in the stress which she placed upon clinical teaching, for it was her custom to take the class, before the days of the general employment of the instructor, to the bedside to demonstrate nursing procedures. And again, the emphasis Miss Rowan placed upon the art of nursing—upon the satisfied patient. It is a gratifying experience for one trained by her to recall all of this, accepted today, but matters in which she was more or less of a pioneer. And with all she was able to convince the hospital board and the medical staff of the importance of these essentials; in fact, a relationship of camaraderie between the medical and nursing staffs bore testimony to the degree to which they shared responsibility for the nursing product.

But Miss Rowan was more than this —she was an able administrator with a community outlook. She gave early recognition to the possibilities of public health nursing and to the place of the hospital in the public health movement. To such an extent did she possess a community point of view that, when the amalgamation of Grace Hospital with the Western Hospital was proposed, quite selflessly, and with vision to see the good of the community as a whole, she fitted into the new post in such a manner as to command the admiration of all. If it be true that "character consists in the ability to sacrifice the temporarily satisfying for the permanently satisfying and the realization that in the world's good is one's own while in one's own is the world's", then Miss Rowan, by common consent, may lay claim to the epithet "she is a woman of fine character." That the qualities of mind and heart possessed by Miss Rowan and evidenced throughout her professional career have been acknowledged by her contemporaries, is reflected

in the tokens of esteem of which she has been recently the recipient from the Board of Governors, the Women's Board, the Medical and Graduate Nurse staffs and other hospital personnel and the Alumnae Association of the Western Hospital, as well as the centralized lecture course committee of the Toronto Hospital Schools of Nursing. As is the way with a leader, she has built better than she knew, for her high idealism and generous spirit will be reflected through the years in the contribution of those whose professional work she has influenced and inspired.

—F. H. M. EMORY

A Liaison Visit

On April 27 the Royal College of Nursing, the Association of Hospital Matrons and the Queen's Institute of District Nursing had the honour of entertaining a small but representative party of British and International nurses to meet Lieut-Colonel E. L. Smellie, C.B.E., R.R.C., L1.D. In addition to members of the Associations, the matrons-in-chief of the Services, and nurses from abroad, Lady Louis Mountbatten represented the St. John Ambulance Association; Lord Horder, Sir Alfred Webb Johnson and Dr. Allen Daley represented the medical profession. Mrs. Mavis Tate, M.P. and Miss Caroline Hazlett, C.B.E., were also present.

Miss E. E. P. MacManus, C.B.E., president of the Royal College of Nursing, formally welcomed Miss Smellie and reminded her audience of the very generous support Canada had given to British nursing in the difficult earlier days of the war, when London stood in the centre of the battle-front in the fight for freedom. Miss M. Smith, matron of the Westminster Hospital, extended a welcome on behalf of the Matron's Association, and Mrs. Revill Davies for the Queen's Institute. Miss

Lt.-Col. E. L. Smellie, Matron-in-Chief in Canada, R.C.A.M.C., and (left) Dame Katharine Jones, Matron-in-Chief, Q.A.I.M.N.S.

Smellie said that she was glad to have the pleasure of meeting so many British and other nurses and added that although Canadian nurses had not begun to feel that they had done all they would like to do for the nurses of Britain, they felt that they were very close to them in every way. She was delighted to see how, out of the war, had come such wonderful opportunities for international contacts in the nursing world.

Lt.-Col. Smellie's liaison visit to Canadian units overseas, while a very short one, gave her an exceptional opportunity of exchanging views with the chiefs of the various Services and also with the Chief Nurse of the American Army Nursing Corps. It was also possible for her to meet all the Nursing Sisters and to have personal conversations with many of them. Each hospital has some asset not possessed by another and the patients are keenly conscious of being well cared for. The nurses' quarters have been made most attractive and no one gave any indication of suffering from lack of food. A delightful convalescent home in the country is open to Nursing Sisters in all the Services and the Canadian Nurses Club in London also contributes greatly to the health and happiness of those serving overseas.

Under the leadership of Lt.-Col. Agnes Neill, R.R.C., Matron-in-Chief Overseas of the R.C.A.M.C. Nursing Service, Canadian nurses are doing great work, and Lt.-Col. Smellie heard many enthusiastic comments concerning them. While they will all be glad to come home when their work is completed, every one of them is keen to do her part when the time comes to share in greater activity.

Nursing Treatment in Toxic Psychosis

ELLA SMITH

It is the hope of psychiatrists both on this continent and in Europe, that the date is not too far distant when there will be no dividing line between medicine and psychiatry. There is no field of nursing in which the question of mental health does not present a problem. Therefore, it is our duty as nurses to recognize the close correlation between physical and mental health and between physical and mental illness. We have learned that physical illness may precipitate mental illness and that mental stress and emotional upsets may produce signs of physical ill health.

I would like to review briefly the abnormal conditions which bring patients to our mental hospitals. Remember, these patients are people, like you and me, to whom something has happened and, as a result, they have become unable to make satisfactory adjustments to life. It is not alone their brains that they bring but themselves and their whole lives and experiences. Therefore, we cannot be interested in one organ alone, but rather in the total personality and all factors that have played a part in that individual's life. It has been stated that the majority of patients actually under treatment in our mental hospitals have nothing wrong with their brains but that they are there due to failure to make good adjustments to life in their own special spheres, thus resulting in many varied types of psychosis.

The nursing aspects of toxic psy-

chosis are here presented for study. In these cases it is essential to detect the important factor that is the cause of the disease. It may be due to an influenzal infection, an alcoholic intoxication or other underlying pathological conditions. After deciding on the causative factor, we proceed to treat the patient and first, an attempt should be made to treat him at home or in a general hospital. If it is found that treatment cannot be instituted properly, arrangements should then be made for admission to a mental hospital as they may harm themselves or someone else in their delirium. The delirium presents the same picture as found in a seriously ill typhoid or pneumonia case. As soon as these patients are admitted to our mental hospitals, treatment is begun at once in order to dilute the toxins. A careful search is made by means of diagnostic facilities, such as the dental clinic, the eye, ear, nose and throat clinic, x-ray, etc., to find the causative factor. Rarely, impacted teeth or infected sinuses may be the underlying cause.

The symptoms that accompany toxic psychosis are irritability, restlessness, anxiety, suspiciousness, confusion, bizarre delusions and hallucinations. These symptoms will be found in the following case history: Mrs. X had had an influenza attack and her recovery was slow. She complained of not feeling well and for two weeks she had not eaten anything in particular and had failed considerably in weight. She was nervous and unable to sleep. Peculiar mannerisms developed, such as striking out with her hands and feet. Since she could not be managed at home, she was admitted to a general hospital but her mental condition continued to become more uncontrollable and the mental health clinic doctor was called in for consultation. He immediately advised transfer to a mental hospital. Upon admission the patient was in a stuporous condition and unable to answer any questions; the pupils were somewhat contracted. She was very exhausted from lack of proper nourishment and was extremely restless and struggled while being undressed. The skin on her elbows, ankles, knees, and under her chin was grazed and there were long scratches under the breasts that were evidently self-inflicted. There was marked sloughing and almost a gangrenous condition of the mouth; the lips and tongue were dry and coated.

It was necessary to place the patient in a single room and to put a special nurse on duty with her on account of her restlessness. She was never quiet during the first few days, tossing about continually in bed with uncontrollable movements of the arms, head, neck and facial muscles. It was obvious that she was completely disoriented and confused and later on she indicated that the first few days in the mental hospital were a blank to her. Care of the mouth was started immediately; glycerine was applied to the lips and diluted hydrogen peroxide was used to cleanse the inside of the mouth. The patient was able to swallow only a few drops at a time and an intravenous of 10% glucose and normal saline (1500 c.c.) was infused. The temperature was 103.°6, the pulse 136, the respiration, 40. On the following morning, the temperature rose to 106.8, the pulse was 142, and the respiration 54. Sponges were given and cleansing enemata; the intravenous was repeated. After 24 hours, the condition of the mouth had improved and the patient was able to swallow 3 ounces of egg-nog. Gavage was given after the condition of the mucous membrane had improved. Some nausea and vomiting were present so lavage was given also. Hot boracic compresses were applied to the abrasions under the breasts and arms. Special care was given to the back and, after each sponge, the body was oiled with olive oil. Position

was changed frequently and air rings were used to prevent pressure.

On the fourth day, the patient was stronger and brighter. A medical consultant visited the patient and stated that her condition had improved considerably. He advised that a Widal test should be done but this was found negative. He suggested that the same treatment be carried on for dehydration and, at this point, the patient said she was hungry. She was given various fruit juices and the fluid intake and output were measured. Numerous urinalyses were done to ascertain the condition of the kidneys. Russian oil and cascara were administered, followed by enemata when necessary. An ice-bag was applied to the head for pain. Fluid diet was continued for ten days, followed by soft diet, increasing to high caloric diet. After three weeks of treatment, the patient had so far recovered from her acute illness that she could converse fairly logically. Mannerisms were still present and she would throw her arms about in a peculiar manner, turn her head away, or bend it toward the floor when being questioned. There was dissociation in the thought processes and considerable retardation as it took a long time for her to answer questions. She said on several occasions that she had heard voices.

The patient was introduced to occupational therapy and, with careful teaching, started to take an interest in knitting. She was allowed to sit up in a chair and was gradually induced to walk. She still remained apprehensive about her mother, thinking that she was ill, and there was a suggestion that she thought her husband was unfaithful, a delusion she had had when coming to the hospital. At the end of six weeks she was allowed home on probation. Her people were very anxious to have her and the medical authorities allowed her to go with the understanding that she was to have plenty of fresh air and good food, and was not to work too hard. It is sometimes advisable for members of the mental health clinic to visit the home and endeavour to straighten out difficulties before the patient is discharged. During the probation term, generally six months, the relatives report the patient's progress to the hospital authorities. Thus we have a closer connection between the home, the patient and the hospital.

The nursing difficulties encountered during the course of this psychosis were to supply sufficient calories to offset the emaciated condition and supply fluid extensively enough to dilute the toxins. Due to lack of co-operation on the part of the patient, gavage was necessary as soon as the mucous membrane had healed. Lavage and enemata were necessary to aid in ridding the body of toxins. Intravenous infusions of glucose and normal saline were instrumental in supplying fluids during the acute stage. Constant observation was necessary to prevent the patient from harming herself, due to her mannerisms. Sedatives were avoided, thus preventing any further toxic condition. The continuous water bath treatment was not used because of the exhausted state of the patient.

Thus we see that constant vigilance and appropriate measures to dilute the toxins in the care of toxic psychosis make heavy demands upon the intelligence and the skill of the nurse. But it is most gratifying to see a mind restored and the patient able to take her place in the community. It has been said that the key-note of modern general medicine is prevention and so it is in mental disorders. Thus the hospital, school and public health nurse each has a part to play in detecting early mental abnormalities, and in persuading the patient to seek treatment, thus preventing more serious problems in later life.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

The Effect of Emotional Difficulties on the Well-being and Safety of the Worker

J. E. Morsh

Until recently the role of the emotions in furthering human well-being and happiness has been one of the least understood and one of the most neglected areas of psychological study. There is still wide disagreement both as to the nature of emotional behavior and as to the effects of the emotions on the individual, but the importance of the emotions in mental health and efficiency is now widely accepted.

Just as perceptions develop from simpler sensory experiences, emotional life is a matter of growth. All of our complex emotional behavior springs from probably not more than two basic affective reactions — pleasantness and unpleasantness — which appear to be present from birth. People are not born with equal emotional capacities nor do they progress in emotional development at the same rate. Some girls of 16 are older emotionally than many women of 25, and a woman of 25 may have experienced love and marriage, disillusionment and divorce, ostracism and shame, while a woman of 50 has had only a scarcely remembered puppy love to ruffle the smooth current of her emotional life. Some men of 35 are already in their emotional dotage while others at 60 are still interested in love and romance and the emotional stimulations of youth.

Normally there is a gradual change in emotional reactions as the child grows up. The baby cries, the two-year-old kicks and screams, the eight-year-old fights and the adolescent sulks. Adults, however, seldom indulge in these types of behavior. They learn emotional control and adopt other means of adjustment.

The emotions are closely connected with the development and functioning of the endocrine glands and anything that interferes with the chemical balance of the body affects emotional life. The emotional patterns of reaction that are found in a particular individual depend upon age, glandular functioning and the formation of emotional habits through association and experience. In time, these factors form the person's temperament or disposition and determine whether a particular situation arouses confidence or frustration, courage or cowardice, adjustment or maladjustment. Obviously, human happiness is largely a function of the emotional habits that have been developed.

Just as some persons do not grow up mentally but remain on the feeble-minded level of intelligence, some in-

dividuals fail to develop emotionally. Their emotions remain at a childhood level—or at a stage of emotional infantilism. The emotionally infantile adult, like a child, lacks capacity to experience or express gradations of feeling. His emotional patterns are superficial, evanescent and changeable. He shows petty jealousies and strives for attention. He finds fault and belittles others, blaming them for his own failures. He is distractable and his work tends to be spasmodic and irregular. He cannot submit to order or authority and frequently changes jobs. The one-track mind is a well-known phenomenon. The person with single-track emotional behavior or emotional fixation is quite as common. Such an adult is never satisfied. The work must always be done his way. He is meticulous with undue attention to detail in one sphere, but indifferent or lax in others. He cannot co-operate but is dominated by his emotion, and fails to view a situation objectively.

Emotional instability, then, may be due to emotional immaturity or to emotional fixation. Emotional maladjustment may also be due to conflict. An emotional conflict is a condition of mental unrest or internal strife brought about by the thwarting of a powerful drive. Some conflicts are due to conditions within the individual, others are the result of environmental situations. No one can escape emotional conflicts; they are always with all of us at every age and in every position in life.

When a conflict is resolved with a minimum of interference to work, happiness or life, we say a normal adjustment has been made, but if the conflict incapacitates the individual for work or renders him unhappy or a nuisance or danger to society, he is said to be maladjusted. A common method of meeting an emotional conflict is simply that of inactivity. The individual sits down and lets the conflict take care of itself. This as a rule brings only temporary relief. Some conflicts do not work themselves out. Inactivity is usually merely a postponement. A direct attack upon the conflicting situation is a much better type of adjustment. Other activities may be substituted for those in which satisfaction is impossible. Freak substitutions are sometimes found, but they are usually harmless, as in the case of the woman who collected shirts of great men. One of the best substitute activities for the adult is hard, physical work.

There are many examples of people who have solved situations by escape, that is by actual departure from the scene of conflict. This has been called "seeking the Land of Beginning Again". A man jilted by his sweetheart seeks someone else, and may "marry on the rebound". Byron, it will be remembered, fled to Greece.

Flight from conflict may be bad if the individual flees not in a physical sense but only emotionally. The conflict is avoided by regression or a return to a childish form of behavior. For example, the business man loses money in the stock market. He rushes home, throws himself down with his head in his wife's lap, and reverts to the old days when his mother used to comfort him. Such behavior is at the same level of emotional infantilism as that of the person whose emotions never grew up.

Among other ways of escaping from conflicts "canned memories" are frequent. The individual recalls the good old days. This has been called the "old oaken bucket complex"; the disadvantages of hauling buckets of water in midwinter being of course happily forgotten. Some people resort to day dreams or building castles in the air. Some of the most intelligent maintain their morale in the face of discouragement by using imagination. The soldiers in far-off outposts of the world keep up their spirits by thinking of all the good times they had at home. Letters from

home are of tremendous significance as morale builders because they stimulate such thoughts.

In the "sour grapes" reaction the individual comforts himself by declaring that the goal is not worth achieving. The homely girl maintains that "beauty is only skin-deep", or the man pining for company says, in the words of Kipling, "A woman is only a woman, but a good cigar is a smoke". The reverse of the sour grapes attitude is the "sweet lemon" or Pollyanna reaction. The person with this outlook is perpetually happy; everything is for the best in the best of possible worlds. He always says, "It might have been worse", or "That's just the way I like it". Occasionally, in consequence, conditions which should be alleviated tend to be endured. Some escape by building logic-tight compartments around each of the conflicting impulses and separating them entirely, as in the case of the negro deacon who stole his neighbors' chickens on the way home after the evening service.

Compensation is often a healthy type of adjustment. Glen Cunningham, the famous mile runner, was at one time told by his doctor that he would never walk again. An extremely unattractive woman compensated for her appearance by developing a keen sense of humor, often telling stories on herself. She cashed in on her deficiency and made it an asset. A pernicious form of compensation is that of vicarious satisfaction. A parent who has been denied certain advantages insists upon his children achieving what he himself failed to accomplish. A successful business man, for instance, always wanted to be a doctor, and insisted that his son, who was interested in business, study medicine, thus making an indifferent doctor of a boy who might have been happy in the business world.

Rationalization is an almost universal type of adjustment. This is the giving of good, socially acceptable reasons rather than real reasons. The carpenter blames his tools or the tennis player misses the ball and looks at his racket. Certain individuals who feel insecure identify themselves with some other person or group. The small boy identifies himself with his father when he boasts of the latter's strength to another boy. The religious individual identifies himself with his church and feels a personal hurt when it is criticized. And of course we all identify ourselves with our country. A great part of the pleasure of watching moving pictures or football games is due to identification. Some persons adjust to emotional conflict by posing as martyrs or by becoming ill. They try to arouse sympathy and may even attempt suicide, being careful not to be successful. An instance was the stenographer in perfect health who in mournful tones would say she preferred to see others happy rather than to be happy herself, and at the next breath would mention that no one knew how she suffered.

Any one of these common methods of adjustment may become exaggerated so that the emotional conflict produces types of behavior which interfere not only with the individual's capacity to do work, but also his happiness and life and the happiness and lives of other people. In extreme cases the conflict may be resolved in such a way that the person becomes insane and has to be committed to an institution. He withdraws from reality and builds delusions of grandeur. He is Napoleon or Jesus or the Trinity. On the other hand he may develop delusions of persecution. He is the victim of a conspiracy and may become extremely dangerous when he begins to take action against his alleged persecutors — his neighbor, the grocer or his own wife. Some persons become negative and refuse to admit the existence of the unpleasant facts, or develop amnesia and forget all about the conflict, which then

is no longer a problem. At times an imaginary illness may lead to what might be called a diseased habit system. In cases of extreme withdrawal, life offers such unsurmountable problems that the individual chooses suicide as the lesser of two evils — an unpleasant means of escape from a still more unpleasant conflict.

In general, industry has little to do with these abnormal adjustments. The emotionally maladjusted are either so obvious that they are not hired in the first place or they are soon discovered and eliminated from the plant. However, emotional upheavals in the form of violent outbursts of temper, irascibility or impulsiveness, may take place as a result of factors in the work situation, in the home, or entirely outside home and work. At work, interfering, arrogant and especially sarcastic foremen frequently induce emotional disturbances. One such foreman in a California industry was responsible for a labor turnover of over 400%. Incompetent subordinates or mischievous fellow workers may also cause emotional outbursts. The nature of the work itself or unsatisfactory, dirty or dangerous working conditions may have a cumulative effect to the point where the worker "blows up". Inadequate incentives for work, poor possibilities for promotion, and insecurity, may also produce emotional upheavals. The unstable worker becomes dissatisfied with his job, worries over minor details and magnifies the possible outcome of his actions.

In the home, exacting parents, or ambitious, nagging or extravagant wives, or the constant and unreasonable demands of children, present problems solved by the stable worker, but which become a source of brooding and imaginary solutions while the emotionally unstable worker is on the job. The competition of friends and associates challenges the emotionally adjusted but distracts the emotionally unbalanced from his work. He becomes restless and absentminded. Factors outside the home and work may also induce unhealthy emotional reactions. Recreation and hobbies are sources of enjoyment to the emotionally balanced, but the unstable worker either neglects outside interests entirely or goes to extremes in the form of drunken debauches and gambling sprees, resulting in absenteeism and inefficiency on the job with an increase in spoiled work and a decrease in output.

Two emotional factors are related to employee accidents: (1) general emotional maturity, and (2) the emotional state at the time of the accident. In testing accident susceptibility among fifty motormen of the Cleveland Railway, it was found that faulty attitudes, impulsiveness, nervousness and fear, worry and depression, accounted for 32% of accidents. This supports the estimate of an emotional factor in at least one-third of all accidents. Hersey found that while the normal workman is in an elated phase about 80% of the time and in a depressed emotional phase about 20% of the time, one half of accidents occurred during the "low" periods. Emotional depression thus seems definitely related to accident causation. He also found production 8% higher when men were elated, happy, hopeful and co-operative than when peevish, disgusted, pessimistic, or worried. Favorable emotion seems desirable in terms of both safety and efficiency.

Lack of time when hiring workers makes tests of adjustment impossible or impractical. Adjustment questionnaires or controlled interviews may be used, but these are subject to many errors and varying interpretations. It is often impossible to get the co-operation of the employee; a clever worker will see what the questionnaire is attempting to discover and will give the correct responses rather than his real experience.

Of the total number of workers in industry relatively few are seriously maladjusted; but like a bad apple in a box, the effect of this minority is out of all proportion to its size. Formerly such employees were discharged at once, but labor unions and acute labor shortages have interfered with this ancient method of handling the problem.

Employees tend to be suspicious of mental health diagnosis or of any effort toward personality improvement. Counselling by the personnel manager or advice of a fellow workman may help in the case of minor difficulties. At times it may be advisable to transfer the worker to another situation. Serious cases may be sent to the medical examiner, who can in turn refer them to a psychiatrist or clinical psychologist where an intimate study may be made of social history, behavior on the job, and the motivating forces involved. Readjustment programs, however, have been rare in industry, due to the expense, time required, and lack of confidence in methods so far devised. If a worker could easily be replaced, the simplest solution was to discharge him. This seemed much less expensive than attempting to remake the personality of a semi-skilled, problem employee. In the case of the highly skilled workman or executive, however, personality improvement was somewhat more urgent. In general, the amount of money a company was willing to invest in a maladjusted employee was directly related to his replaceability.

Humanitarian reasons alone would justify mental health measures. If the problem employee is thrown out, it merely increases the number of social derelicts and the problem is shifted from industry to society. It has been variously estimated that emotional maladjustment is responsible for from 77% to 90% of labor turnover and 50% of absenteeism. The solution of the emotional problem of the employee, therefore, is not only of benefit to society but is a paying proposition in terms of reduced accidents, and decreased wastage of man-power and materials.

The Right Attitude

Following a talk on professional problems in which the superintendent of nurses of the Royal Victoria Hospital, Montreal, suggested the advisability of spending a few months nursing in either tuberculosis or mental hospitals after graduation, a group of eight nurses, having received initiative from her suggestion, voluntarily ventured forth to a tuberculosis sanatorium situated some distance north in the Laurentian Mountains.

Up to this time tuberculosis had seemed a disease to be feared, carrying with it a certain stigma. But we found that the tubercle bacillus was no respecter of persons. Here were six large pavilions filled with men and women from all walks of life, surprisingly happy and optimistic — a large percentage actually being cured. There was an atmosphere of cheerful comradeship and sympathy for one another which was a constant inspiration and challenge to the nursing staff. Consequently we have obtained an entirely new perspective on general nursing. We have become much more conscious of the necessity of healthful living and living conditions, adequate diet, and sufficient rest.

The clean invigorating air of the mountains has given us a zest for living as well. Those who enjoyed winter sports had a marvellous opportunity here and the summer season is proving equally as interesting. We would like to urge newly graduated nurses to do likewise. We hope that an affiliation with the general hospitals will be possible before long, so that this specialized training may also be the privilege of the undergraduate nurses. We have enjoyed every day of our sojourn here and feel we have gained a new insight into life.

— S. Grovena Ireland.

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Organization of an Instructors Group

LAUFEY EINARSON

At the convention of the Canadian Nurses Association held in Toronto in 1934 the instructors who were present met at a luncheon held at the School of Nursing of the University of Toronto. As an outcome, it was decided that an instructor's group be formed within the Canadian Nurses Association who would meet in small provincial groups during the year, and at conventions when possible, in order to discuss problems of primary interest to instructors, particularly teaching methods.

The fall of 1936 saw organization of an instructor's group in the Province of Alberta. This consisted of teaching personnel from the four Edmonton hospitals, Ponoka, Lamont, and the Sisters' Hospital in Vegreville. The meetings were all held in Edmonton and considerable work was done on indexing reference materials. High school students, working on vocational guidance projects, came to the various instructors for help and the group undertook to investigate the books on nursing, available at the Edmonton Public Library; these were found to be inadequate and outdated. The librarian and assistants were most interested and co-operative; a suggested list was submitted and the new books purchased. In the following year considerable time was spent in study and discussion of the proposed curriculum for schools of nursing in Canada and, at the same time, a minimum theoretical curriculum for schools of nursing in Alberta was compiled and published in 1940.

During the winter months, the group invited two senior students from each school as guests. The main object was to have them meet the instructors from other schools, and to promote a feeling of unity. Free discussion was encouraged, and viewpoints aired and shared. Several meetings were devoted to the setting of new type examination papers. Sample papers were prepared, and copies sent to the schools in the south of the province, including Calgary, Medicine Hat, and Lethbridge.

By now, supper meetings had become the order of the day and, since adjournment was at 9 p. m., the out-of-town members did not find it too difficult getting home. The group worked on pretest examination papers for various student levels, ranging from the new probationer to R.N. level. As before, copies were sent to hospitals in Calgary, Medicine Hat, and Lethbridge. Efficiency records for student nurses, plus rating scales, next received the attention of the group and the final meeting in the spring took the form of a seventy-mile drive to the Vegreville Hospital. This was a de-

lightful event and a tour through the institution gave us insight into the efficiency and order of the smaller hospital.

In the fall of 1941, the group worked on reference material for the teaching of various nursing subjects such as surgical nursing, trends and opportunities, and health education. Reference material on the teaching of procedures was also obtained. June saw the Edmonton group in a holiday mood en route to Ponoka. A most interesting tour of the Provincial Mental Hospital was conducted by a member of the nursing staff and we saw a demonstration of a sedative cold pack, followed by a lecture given by a member of the medical staff.

At a later meeting, Miss Norena Mackenzie spoke on V.A.D. work and organization. More recently, work has been done by the group on simplifying procedures. There has long been a need in hospitals for more uniformity in "separate technique" care for patients. This piece of work was completed by the aid of a pamphlet, "The Control of Communicable Diseases", published by the American Public Health Association.

As a group, we feel that our meetings have been most beneficial and instructive and that a feeling of mutual understanding and good will has been fostered between hospitals which nothing can change. We wish that other groups might organize and share the same experience.

The Meaning of Allergy

ROBERT A. COOKE, M.D.

Allergy is a word that has fairly recently come into general use. It is not the name of a single disease like diabetes or typhoid fever, but is a word we use today to describe the process through which the many symptoms of many diseases in many parts of the body are made possible. We call people normal because by and large they all act in the usual way to the air they breathe or the things they touch, to the food they eat and the medicines they take. But every once in a while you hear of a baby that is poisoned by cow's milk—good, clean, pasteurized milk—it gets a violent stomach upset or breaks out in a rash—it just can't take cow's milk without getting sick. Or, perhaps, it is your neighbour's boy who gets a "runny" nose, and his chest gets tight when he comes to your house and plays with your cat. In cases like these the trouble isn't with the cow's milk or with the cat—the trouble is with the baby and the boy. They don't do the usual and the normal thing. They are allergic to the thing that causes such an abnormal response.

By the word allergy, we mean to indicate a peculiar state of the body that makes it possible for ordinarily harmless substances to act in a harmful way and this is because, in certain people, their body cells have developed a function that is not normal. Medically we speak of this mechanism as consisting of antibodies; but I think you will understand it better if I refer to them as "magnets". A magnet attracts and holds iron. So it is with these so-called antibodies attached to certain body cells—they draw and hold certain substances to the cells.

In the baby allergic to cow's milk, its magnetized cells attract the milk and the attachment of milk to the cells produces the curious effect resulting in the intestinal upset. In allergy, the magnets are very special ones. It may be that they will not attract goat's milk or even

boiled milk—only plain cow's milk, and while it is true that many allergic individuals have only one set of magnets for one particular substance, most of the allergic individuals have different sets of magnets which attract several different things. If it is the cells of the skin that are magnetized to some foods such as milk, then drinking milk will give symptoms in the skin such as hives or eczema. When the cells of the lining of the nose are magnetized for pollen of some sort, then, when the pollen in the air in summer is breathed in we get symptoms called hay fever, or, if it is the lining of the bronchial tubes that is allergic, then breathing the air containing the proper substance gives an attack called asthma.

I spoke of your neighbour's boy with your cat. He was allergic to cat; his bronchial tubes were magnetized for cat, and breathing air with the dander from the cat produced the attack. So it is that we find in different people magnetized cells in different parts of the body —the skin, the nose, the bronchial tubes, the stomach, even the brain, and so we have many symptoms of allergy in these different parts of the body. Now there are innumerable substances to which people may be allergic. Practically every food may be a cause, but the commonest ones are milk, egg, wheat, fish, shell fish, and chocolate. Many medicines, ordinarily used with benefit, may also produce allergic symptoms, for example, aspirin, quinine, and many of the drugs for nervousness and sleeplessness. People, properly allergic, will get symptoms from things they absorb out of the air they breathe, such as the pollens of flowers, grasses, and weeds; the danders of animals; the dust of homes. Others are allergic to the things they touch—to paint; to varnish and lacquer; to the leaves of plants; to dyes in clothes; to furs and cosmetics. People are often allergic to the germs of infections they carry about with them, especially in diseased tonsils, in teeth, and in the cavities making up the sinuses.

It has been estimated that from seven to ten people out of every hundred are allergic in some way to some one or several of the things they come in contact with in their daily lives in homes or at their work—things they absorb through the skin by touching or from the air they breathe, from the food or medicines they take, and from the infections they carry, and the symptoms they may have depend on the kind and location of the cells in their bodies that may be sensitized. This rather new idea of how certain symptoms which we call allergy are produced has given physicians new methods of finding the cause and once the cause is found and removed, the symptoms disappear.

But there is another approach — what may it mean that physicians have a new understanding of disease and a new method of control over certain diseases? Let me discuss briefly the asthmatic child as an example. It is a common story of mothers with asthmatic children that the first attacks come a few months or weeks after measles, whooping cough, or pneumonia, or an acute bronchitis. Asthma is perhaps the most serious of the allergic diseases; serious not because it causes death, but because it rarely will cure itself and, once started, it goes on through life and interferes with schooling, work, or play. It is a serious mistake to be misled by the statement that the child will outgrow the trouble. Occasionally, yes, but as a rule, the asthmatic habit becomes more and more fixed.

As soon as the asthma is diagnosed, an accurate diagnosis of the cause must also be made. Is it foods? Is it some air-borne substance to which he is sensitive, or is it some acute or chronic form of infection? After a careful history and complete examination, skin tests are made with solutions of the various foods and air-borne substances with which the

child is in contact. The solution is applied to a tiny scratch on the skin or a wee bit is injected through a needle. Now it happens that these tests frequently, but not always, give important clues to the excitant or cause of the allergy. If a child is tested with a weak solution of cat dander and gives a reaction—that is, a good hive-like swelling within five minutes after the test, it is practically assured that he will have asthma on contact with cat. Your neighbour's boy who got chest symptoms, that is, asthma, after playing with your cat would undoubtedly have given a positive test to cat. This, of course, holds true for other air-borne substances such as dog and horse dander, various pollens and dusts, and for foods. But please remember this —when the study is complete it must make sense. Johnny's two attacks of asthma in winter cannot be attributed to his own dog with which he is in daily contact, and Algernon's continuous asthma cannot be explained by foods which he rarely eats.

Allergic parents should be on guard for the earliest manifestations of allergy in their offspring. In the children destined to become asthmatic, the asthma attack does not come suddenly out of a clear sky but starts with such symptoms as stuffy or "runny" nose, with cough or frequent and repeated head or chest colds; sometimes with fever and a regular bronchitis, but often without this. After this has gone on for some months, or possibly several winters, the doctor is called for what appears to be an unusually hard "cold", and he announces it is asthma. This is the time to act and to find out the cause. In fact, it would have been better to have acted before the first real asthmatic attack. To prevent is easier and less costly than to cure and we believe today that the proper early management may prevent the onset of asthma. The children with stuffy noses and repeated head colds, when tested out, are frequently found to be allergic to air-borne dusts or to foods, and when known, the cause can be removed.

But there is another important aspect to these cases. The stuffy congested membranes in the nose furnish a ready starting point for germs always hovering about, and so we get flare-ups of infections which are the acute head colds often going on to bronchitis, then asthma, and laying the foundation later for chronic sinus disease. Such infections are greatly favoured by the presence of chronic foci such as diseased tonsils, adenoids, and decayed teeth. In fact, even without the dust and the dander reactions, the infections of tonsils, adenoids, and teeth may be the sole cause of allergies. In the child not inclined by inheritance to allergies, operation may be delayed but the allergic infant is an entirely different proposition and the danger of early operation at two, or even one year is no greater in the hands of a skilful surgeon than is the later operation, and certainly not as great as the danger incident to the development of a serious disabling asthma. In my observations over the course of years, I have become convinced of the effectiveness of early operation to clear up and root out these foci of infection. There is no excuse for tooth infection. Children's teeth should be kept sound and clean by proper diet and dental care. If decay occurs, it should receive the attention of the dentist, even with the first set, and if it cannot be treated, the decayed tooth should be removed.

I hope I have made it clear to you what the word allergy means to physicians. We use it to describe not a particular disease, but a behaviour of the body leading to disease. Then using asthma, which is an allergy, as an example, I have tried to show what it means, to the victims of allergy, that a useful application of this newer knowledge has been made and is available in the prevention and relief of the allergic diseases.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A meeting of the Executive Committee of the Canadian Nurses Association was held in Montreal on June 7, 8 and 9, 1943. Those present included the officers, the chairmen of sections, the convener of the Committee on Nursing Education, the president of each provincial association of registered nurses, the chairmen of sections of the Association of Registered Nurses of the Province of Quebec, the chairman of the General Nursing Section, Registered Nurses Association of Ontario, and the Executive Secretary, C.N.A. Others present were the Editor and Business Manager of *The Canadian Nurse;* the Emergency Nursing Adviser and the Executive Secretaries from Manitoba, New Brunswick, Nova Scotia and Quebec.

Change in officers: The resignation of the First Vice-President, Mrs. H. Brooks (nee Marjorie Buck) was accepted with regret. As the by-laws state that in case of a vacancy in any office the Executive Committee shall appoint a member to serve until her successor is elected, the Second Vice-President, Miss F. Munroe, was appointed first vice-president and Miss G. M. Hall, second vice-president, until the General Meeting in 1944.

General Meeting 1944: The holding of a regular general meeting in 1944 was thoroughly discussed. It was decided that plans for such a meeting should be continued and that the main pressing questions before the nurses of Canada today be made the basis for the programme of the general meeting which will be held in Winnipeg, Manitoba.

International Council of Nurses: The President of the International Council of Nurses, Miss Effie J. Taylor, wished to learn the opinion of the C.N.A. in regard to the I.C.N. now initiating plans for the future. Since late in 1939, the activities of the I.C.N. have been greatly curtailed due to world-wide war conditions. In the opinion of the Executive Committee, there will be need to have a well functioning International Council of Nurses in readiness for action when the war is over; therefore the Executive Committee recommended that the I.C.N. should now become active insofar as is possible under existing world conditions.

Legislation Committee: Several resolutions arising from discussion of the functions of the Legislation Committee were passed:

(1) Whereas it is the function of the Legislation Committee to be on the alert regarding changing trends in all legislation which will affect nursing, and whereas it is in the interest of all provincial associations to be kept informed of current legislation pertaining to nursing in Canada, U.S.A. and Great Britain. resolved that the executive staff in National Office and the convener of the legislation committee constitute a core committee which, in conjunction with the conveners of provincial Legislation Committees, shall collect and distribute information affecting and pertaining to nursing and make recom-

mendations to the National Executive.

(2) That the Legislation Committee be requested to study the constitution and by-laws of the C.N.A. and present a revision at the General Meeting in 1944.

(3) The Executive Committee recommends that Sections within the C.N.A. should be continued and that this recommendation be referred to the legislation committee for consideration with the revision of the constitution and by-laws.

(4) That the Legislation Committee make a study of the question of increasing fees, including registration, etc.

Supply and Distribution: The Executive Committee discussed at great length the serious problem of the supply and distribution of nurses which resulted in the adoption of a resolution, namely: Whereas there is a serious problem related to the supply and distribution of qualified nurses to meet the demands for nursing service throughout Canada, and whereas this situation is affected by and results from inadequate salaries, long hours of work, and unsatisfactory living and working conditions in connection with general and special hospitals, including mental hospitals and sanatoria; in public health nursing services; and also in the whole field of private duty nursing, and whereas the needs of the armed services and the very favorable conditions prevailing in industry have created a diminution in the numbers of available nurses, especially in small urban, rural or isolated areas, and whereas the Canadian Nurses Association is prepared to assume responsibility for the professional aspects of the problem but cannot assume the responsibility for rectifying or improving the economic factors involved in this problem, resolved that a special committee composed of Miss F. Munroe (convener), Miss M. Lindeburgh, Miss Madalene Baker, Miss E. Flanagan, Miss Gertrude Hall, Miss K. W. Ellis, Miss E. Beith, Mother Allaire and Sister Allard, be appointed to confer with representatives of the Canadian Hospital Council, to discuss these vital matters, to formulate plans and to take whatever steps are possible to solve the problem through an approach to the Federal Government. Failing a satisfactory solution from this joint conference, that this committee be empowered to go alone to the Federal Government to present these problems. That as a part of the professional responsibility of the C.N.A. the provincial associations be urged to establish placement services for the enrolment and distribution of both registered nurses' services and subsidiary workers.

Nursing Survey: The director of the nursing survey, made by the Canadian Nurses Association under the auspices of the Canadian Medical Procurement and Assignment Board, announced that a final report was to be submitted to the Board before June 29. The Executive Committee authorized a small committee to take any action necessary in regard to the Nursing Survey or matters relating thereto.

Among other resolutions passed were:

(1) That the Committee on Nursing Education be asked to study the matter of the preparation of professional nurses. The Committee be asked particularly to consider the possibilities of having more than one grade of nurse, one with a shorter training than the other.

(2) That the Executive Committee of the C.N.A. support the effort of the general duty nurse to get one day off a week and an upward trend in salary.

(3) That the Executive Committee of the C.N.A. recommend to the Minister of Pensions and National Health that as the Dominion Health Council deals with health matters in which the

nursing profession is most vitally concerned especially at this time, that a nurse be appointed as a member of the Dominion Health Council.

(4) That national radio publicity be continued for the coming year and that the Emergency Nursing Adviser investigate the various possibilities of other sources for material than those which have been used in the past year.

(5) That the official directory be published in *The Canadian Nurse* four times a year instead of monthly as at present.

(6) That each provincial association of registered nurses be urged to endeavour to secure 50 subscriptions for *The Canadian Nurse* within the next three months.

(7) That in addition to attendance as already authorized at Executive Meetings the following be invited to attend: the editor of *The Canadian Nurse;* the secretaries at National Office; the conveners of committees of the C.N.A. and the provincial executive secretaries if their respective provinces wish to send them; this arrangement to be followed until the next general meeting of the Association.

Miss Mildred Walker, president of the Registered Nurses Association of Ontario, on behalf of the Association extended an invitation to the C.N.A. to hold the general meeting, 1946, in the city of Toronto. This invitation was accepted with appreciation by the Executive Committee.

Post-graduate Clinical Courses

Part of the grant received from the Federal Government which is to be used as bursaries to assist nurses to secure post-graduate study is to be awarded to those who wish to enrol for post-graduate clinical courses.

A candidate for this type of bursary should have at least six months' experience following graduation in the field of nursing in which she wishes to take a post-graduate course.

A candidate should hold a complete high school provincial certificate or matriculation standing (or equivalent), be a graduate of an approved school of nursing, and a member in good standing of a provincial association of registered nurses by which a nurse becomes a member of the Canadian Nurses Association.

An evaluation of an applicant's personality, interests and potentialities will be obtained.

Each candidate to receive a bursary will be under contract for a year's service in civilian nursing in Canada following completion of her course.

The maximum amount of this type of bursary will be two hundred and fifty dollars depending on the amount required for travelling expenses.

Application forms are to be secured from the office of each provincial association of registered nurses.

The final date on which applications are to be received by the provincial associations is October 31, 1943.

R.N.A.B.C. Annual Meeting

The thirty-first annual meeting of the Registered Nurses Association of British Columbia was held on April 30 and May 1 at St. Paul's Hospital, Vancouver. Attendance was surprisingly good considering the acute shortage of nurses. It was gratifying to find that thirteen centres outside Greater Vancouver were represented. Miss Duffield, our Irish and, therefore, always delightful president, gave what she was pleased to call her "swan song", but what was really an excellent summing up of the year's activities, and an inspiration for further effort. The activities of the registrar, educational ad-

viser to schools of nursing, and provincial emergency nursing adviser, were outlined in one composite report. Aside from innumerable committee meetings there have been held 18 meetings of the full Council and the registrar expressed her deep appreciation of the tremendous amount of time and energy that was devoted to association affairs by very busy women.

In addition to three special courses given at the University of British Columbia, seven refresher courses for married and retired nurses were given in different parts of the province, namely: Victoria, Vancouver, Prince Rupert, Trail, Kamloops, New Westminster. In most instances, the local Chapters organized and carried through with a minimum of help from the provincial committee in the way of suggested outlines. In only one instance was an instructor sent in by the provincial Association. As a result of these courses, a number of married and previously retired nurses have come back into active nursing and are giving splendid service.

Despite the fact that salaries have improved markedly in the last year, the shortage of nurses for general staff work in hospitals is becoming more acute. This is particularly true of the hospitals in smaller towns and rural areas. Every effort is being made to conserve and utilize resources to the best advantage. The Association has recommended the utilization of subsidiary workers, both voluntary and paid, to the greatest degree that is compatible with the safety of the patient. At least twenty of our hospitals are co-operating with the Red Cross and the St. John Ambulance Association in providing the essential hospital experience for the training of V.A.D.'s Following satisfactory completion of their course some of these women are employed as ward helpers and seem to be proving most satisfactory.

The proposed revision of our Registered Nurses' Act ran into a heavy storm of controversy during its second reading in the Legislature and for that reason has been held over for the next session. In the meantime a great deal of work will have to be done by every individual member of the Association if we are to succeed in maintaining our present educational requirement for admission to our schools of nursing. Two amendments to our present by-laws were passed by the general meeting: (1) making provision for another standing committee, to be known as the Placement Bureau Committee and to be responsible for directing policies of our provincial placement service, and (2) making provision for an increase in the annual registration fee from two to five dollars. Under our present system, the private duty nurse, who has been in the habit of paying her provincial registration fee ($2.00), another fee to belong to the local Association (Chapter and District fees, set locally and varying from 50 cents to $3.00) and, in addition, still a third sum of ten or twelve dollars for the privilege of using the Directory service, now pays only the one fee of five dollars directly into the provincial office. Of this sum, two dollars is earmarked for the support of Placement Service, and other sums are returned by the provincial office to the Chapter and the District treasuries respectively. Our provincial Placement Service is functioning to the extent that nurses are available to be placed. This service is financed by the Association and is available to all members. Miss Elizabeth Braund, who has been appointed provincial director of the Service, has already established excellent relationships with the hospitals and with the individual nurses.

The report of the Provincial Government Grant Committee was given by the convener, Miss Grace Fairley, and outlined the purposes for which the grant was made, and the developments in our own province that were made possible by it. Four nurses took University post-graduate courses who would otherwise have been unable to do so; the payment of salaries of additional instructors required to take care of the teaching of an increased number of students in certain approved schools of nursing; payment of salaries of teaching supervisors needed to instruct and supervise an increased number of students (both graduate and undergraduate) in public health agencies; purchase of extra equipment needed because of the increased number of students; the financing of staff education programme and refresher courses.

Reports presented from each of the five Districts (Vancouver Island, West Kootenay, Greater Vancouver, East Kootenay, and Okanagan) and from other Chapters that are not as yet incorporated into districts, indicate the excellent progress that is being

made in the building up of strong local branches of our provincial Association. Deep appreciation was expressed of the splendid work done by Miss Kathleen Sanderson, our very able organizer of Districts and Chapters. A marked increase in the interest and activity in association affairs manifested by individual members throughout the province we believe to be a direct outcome of the formation of Districts and Chapters.

Section reports indicated that all three sections had had a busy year. The activities of the general nursing section seem to have centred around attempts to relieve the shortage of general staff nurses in hospitals; and to achieve better salaries and working conditions for nurses. It was pointed out that it is not only low salaries but also lack of facilities for entertainment, dearth of social life, and in some instances complete absence of any opportunity for professional development that makes nurses reluctant to accept positions in the smaller hospitals. Despite the fact that no general meetings of the hospital and school of nursing section were held in the interval between annual meetings, the Executive had been quite active and co-operated in the organization of various refresher courses. The public health nursing section co-operated in the organization of the refresher courses in public health nursing; and participated in studies, being carried on by the National Section, relative to standards in public health nursing.

Our one evening session was devoted to the discussion of health insurance and its relation to nursing service. Miss Esther Paulson, convener of the committee on health insurance, gave a splendid report in which she outlined the work of the National Committee and discussed some of the more important points included in the nursing brief. Dr. G. F. Strong chose for his topic "The Doctor, the Nurse, and Health Insurance". Dr. Strong gave us a comprehensive yet simple presentation of the whole subject, not only in its relation to the medical and nursing professions, but also in relation to the needs of the community.

Our programme committee succeeded in arranging a very delightful tea which provided the opportunity for a pleasant chat with our out-of-town members. A special vote of thanks is due to the Sisters of St. Paul's Hospital for their gracious hospitality and to the Vancouver General Hospital for the use of their auditorium for the evening session.

The following officers were elected: president, Margaret E. Kerr; first vice-president, Lyle Creelman; second vice-president, Grace M. Fairley; secretary, Isabelle Chodat; councillors: Elizabeth Clark, Sr. Mary Columkille, Janie Jamieson, Mary Henderson, Mrs. Edith Pringle; section conveners: hospital and school of nursing, Frances McQuarrie; public health, Trenna Hunter; general nursing, Mrs. Ethel B. Thomson; press representative, Marion Macdonell.

EVELYN MALLORY
Registrar

A.R.N.P.Q. Annual Meeting

The twenty-third annual meeting of the Association of Registered Nurses of the Province of Quebec was held on May 17 and 18 and provided the stimulus essential in these troublesome times. The opening session was a bi-lingual one and was preceded by the reception of a special report by Mlle Alice Albert, concerning an essay contest on the life and work of Mlle Jeanne Mance, following which prizes were awarded to the winners, the ceremony adding a delightful bit of colour to the scene. This contest constituted a part of our Tercentenary celebrations in honour of Canada's first nurse, Mlle Jeanne Mance, which took place during 1942. Students of the tenth and eleventh grades in two hundred and twelve schools were notified of the plan, many of whom participated.

A message from Miss Marion Lindeburgh, president of the Canadian Nurses Association, was delivered at the opening session and was greatly appreciated. Sessions in English and French were held during the second afternoon and on both evenings, with the usual special session conducted by

the French Hospital and School of Nursing Section on the morning of the second day. The attendance was quite good, considering the shortage in personnel and the difficulty of securing relief from duty.

Expressions of appreciation concerning the quality and variety of the various programmes would indicate that this particular meeting was one of the best on record. During the first evening, English-speaking members enjoyed hearing Miss Johns point the way "Towards a New Horizon" and Mr. C. R. Armstrong, of the Bell Telephone Company, defined in no uncertain terms "What Industry expects from its Health Service". The French-speaking members enjoyed a symposium on industry in wartime to which three eminently qualified speakers contributed, namely Dr. Albert Lauzon, Rév. Père Emile Bouvier, and Mlle Lucienne Quenneville.

At the morning session, Dr. Georges Hebert presented a valuable exposition of the importance of a well organized health service in a school of nursing, while Miss Alice Girard, director of the School of Public Health Nursing, University of Montreal, very ably described health teaching by the student nurse at the bed-side of the patient. A beautiful pageant, describing the history of nursing, brought this excellent session to a close. There were no empty chairs at this meeting.

Round table discussions of health insurance and nursing service were conducted simultaneously in French and English during the afternoon of the second day. Those participating were Misses Fanny Munroe, Esther M. Beith, Mary Mathewson, Marion E. Nash, and Effie Killins for the English group; and Rév. Mère Allaire, Misses Maria Roy, Alice Ahern, Maria Beaumier, and Alice Girard for the French group. Mlle Juliette Trudel, emergency nursing advisor for the French-speaking nurses, spoke on "The War and Us".

During the second evening, Dr. Herman Finer, who has for years been associated with Sir William Beveridge, delivered a masterful address on social problems in a post-war world from which many must have received great inspiration and leadership, this being followed by a message especially directed to nurses by Miss Beryl Truax, vice-president of the Canadian Protestant Teachers Association, entitled "The role of women in a democracy". Speakers at the French session were Madame Marguerite Thibert, of the International Labour Bureau, whose address was entitled "A view of the social problems which will be placed on women in a post-war world", and M. l'Abbé Arthur Maheux, Archiviste of Laval University, who described the role of the nurse in the promotion of national unity.

In her presidential address Miss Flanagan outlined our present day professional responsibilities. Sharing the honours and responsibilities of chairmanship for the eight sessions were Miss E. C. Flanagan and the Misses Mabel K. Holt, Fanny Munroe, Rev. Soeur Valérie de la Sagesse, Rev. Soeur Paul du Sacré-Coeur, Misses Maria Roy, and Maria Beaumier. The special reports of the emergency nursing advisors were presented by Misses Juliette Trudel and E. Frances Upton, each indicating that well organized publicity programmes are in operation throughout the province with recruitment to our nursing schools stimulated.

Four of the five English-speaking members of the Board whose term of office had expired were re-elected, with the addition of the chairman of the board of examiners. The following constitutes the personnel of the Board for the coming year: president, Miss E. C. Flanagan; English vice-president, Miss Mabel K. Holt; French vice-president, Rév. Soeur Valérie de la Sagesse; honourary secretary, Mlle Alice Albert; honourary treasurer, Miss Mary J. Ritchie; members without office: Misses Marion E. Nash, Mary S. Mathewson; Mlles Maria Roy, Maria Beaumier, and Annonciade Martineau.

As a measure of wartime economy, copies of reports presented during our annual meeting were not made available to the members but will be forwarded to groups who desire them for meditation and discussion. For similar reasons, statistics are omitted and may be secured on request.

E. Frances Upton

Executive Secretary & Registrar

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A.A.R.N. Annual Meeting

The twenty-fifth annual meeting of the Alberta Association of Registered Nurses was held in Calgary, on April 26, 1943. The one-day session was devoted to business and there were no social functions. Miss Rae Chittick presided. The announcement that a Dominion-Provincial grant of $100 each will be available to girls of 18 or over who are interested in nursing as a vocation but whose parents are unable to finance the three years of training, and financial aid for students seeking the requisite science subjects was particularly gratifying, since the resolution requesting government aid had been introduced at the previous annual meeting of 1942. A committee was appointed to investigate entrance fees charged by schools of nursing in an effort to equalize initial expenses and remuneration.

Miss M. S. Fraser submitted a report as provincial emergency adviser and chairman of the publicity committee, augmented by reports from Miss Jean Davidson, Miss Gena Bamforth, and Miss Jean Clark of recruiting visits to high schools in the province. Miss Clark also gave a summary of her work as travelling public health instructor, lecturing to senior and intermediate students in nine schools of nursing.

In discussing the shortage of nurses, it was recommended that in districts operating nurses' registries there should be a rotating system whereby nurses would be sent to country hospitals for a certain period of time before returning to private duty. In this way perhaps the plight of rural hospitals would in some small measure be relieved.

Tribute was paid to Miss Kate Shaw Brighty, a past president and registrar of the Association, who has retired to her new home on Vancouver Island. Sympathetic reference was made to the passing of four Alberta nurses — Mrs. A. C. Rankin, who died recently in Ottawa; Sadie Macdonald, for many years superintendent of nurses in the Calgary General Hospital; Mary Maclear, of the Child Welfare Department in Calgary, and Edna Young, air stewardess, lost in a plane crash.

The new officers elected for the two-year period, 1943 to 1945, are: president, Miss Ida Johnson, operating room supervisor, Royal Alexandra Hospital, Edmonton; first vice-president, Miss Barbara Beattie, superintendent of nurses, Provincial Mental Hospital, Ponoka; second vice-president, Miss Helen McArthur, School of Nursing, University of Alberta; councillor, Sister Alice Herman, Holy Cross Hospital, Calgary; chairmen of sections: hospital and school of nursing, Miss Gena Bamforth; public health nursing, Miss Jean S. Clark; general nursing, Miss Gertrude Thorne.

A. E. VANGO
Registrar

S.R.N.A. Annual Meeting

"Highlights of a Year in South Africa", with the introductory statement "Tommies are fine patients", given by Miss Christina Macdonald, and a travelogue entitled "Here and there with the travelling instructor", by Miss Clara E. Jackson, were among the interesting topics discussed at one of the most stimulating conventions that has been held by the Saskatchewan Registered Nurses Association. Miss M. Diederichs presided at all business sessions. Mrs. Margaret MacLean gave a graphic description of how the clinical instructor assists in meeting the present crisis. Both the clinical instructor and the travelling instructor were declared to be telling examples of the assistance received from the Federal Government Grant through the Canadian Nurses Association to support an increased enrolment of students.

A unique feature of the program was the absence of male speakers except for a fine address of welcome given by His Worship the Mayor of Saskatoon, in which he paid very high tribute to the nursing profession, and the invocation given by the Reverend Robert Hall, also of Saskatoon. Two members of the provincial public health nursing staff, Dorothy Hopkins and Myrtle Pierce, who have recently returned from taking a special course in the Kenny treatment for anterior poliomyelitis, gave a demonstration that was one of the leading features of the convention. More than one hundred

(*Continued on Page* 483)

WANTED

Graduate Nurses are required for **Post-Graduate Courses** and as **General Duty Nurses** at the **Strathcona Hospital for Communicable Diseases, Ottawa.** These positions are now available. Full maintenance allowed. Apply to:

Superintendent of Nurses, Strathcona Hospital, Range Rd., Ottawa, Ont.

WANTED

A qualified **Instructor** is required for a 140-bed hospital. State salary expected. Address applications to:

Superintendent of Nurses, General Hospital, Medicine Hat, Alberta.

WANTED

A **Superintendent and Assistant Superintendent** are required at once for the **Lady Minto Hospital** in **Cochrane.** Assistant familiar with operating room work preferred. State school graduated from, age, religion, experience, and salary expected, when applying to:

The Superintendent, Lady Minto Hospital, Cochrane, Ontario.

WANTED

An experienced **Operating Room Supervisor** is required for a 200-bed hospital. Duties are to commence on September 15. Apply, stating experience and salary expected, to:

The Superintendent, St. Catharines General Hospital, St. Catharines, Ont.

WANTED

Applications are invited for the positions of **Night Supervisor** and **Obstetrical Supervisor.** Applicants with post-graduate experience and teaching ability are preferred. Apply, stating salary, qualifications, and date available for duty to:

The Superintendent, Oshawa General Hospital, Oshawa, Cnt.

WANTED

A **Night Supervisor** and a **Day Supervisor,** with experience in general surgery and obstetrics, are required for a 50-bed General Hospital, with graduate staff, in **Central Ontario.** Apply, stating experience, qualifications, and salary expected, in care of:

Box 7, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is $75 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, Royal Edward Laurentian Hospital (Ste. Agathe Division), Ste. Agathe des Monts, P.Q.

(Formerly — The Laurentian Sanatorium)

WANTED

Applications are invited for the position of **Operating Room Supervisor** in the **Moose Jaw General Hospital.** Apply, stating qualifications and experience, to:

Superintendent of Nurses, Moose Jaw General Hospital, Moose Jaw, Sask.

WANTED

Graduate Nurses are required for **Staff Positions,** and as **General Duty Nurses** at the **Woman's General Hospital, Montreal.** These positions are now available. Apply to:

Superintendent of Nurses, Woman's General Hospital, 4039 Tupper St., Montreal, P. Q.

WANTED

Applications are invited from **Registered Nurses** for **General Duty** in a **Tuberculosis Sanatorium** of 90 beds. When writing please state previous experience, age, etc. Good salary with full maintenance. Address applications to:

Miss M. McCort, Superintendent of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

WANTED

Applications are invited for the following positions in the **Cornwall General Hospital:**

Instructress for School of Nursing
Assistant Night Supervisor

Address applications to:

Miss H. C. Wilson, Superintendent, Cornwall General Hospital, Cornwall, Ont.

WANTED

Applications are invited for the position of **Instructor** for an 85-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

The Superintendent, Portage la Prairie General Hospital, Portage la Prairie, Manitoba.

WANTED

Applications are invited for the position of **Classroom Instructress** for a 100-bed hospital. Apply, giving qualifications, experience, and salary expected, to:

The Superintendent, Woodstock General Hospital, Woodstock, Ontario.

WANTED

A Clinical Supervisor is required for **St. Joseph's Hospital, Hamilton.** This is a 200-bed hospital. State experience and salary expected. Apply to:

The Superintendent, St. Joseph's Hospital, Hamilton, Ont.

WANTED

Applications are invited for the position of **Instructor, with University degree, for Classroom teaching, and planning educational programme.** Duties are to commence on September 15. Apply, stating qualifications, experience, and salary desired, to:

Superintendent of Nurses, Stratford General Hospital, Stratford, Ont.

delegates attended the dinner meeting and enjoyed a most refreshing talk on "Food in life and literature" given by Miss Jean Bayer, professor of English of the University of Saskatchewan, in which she did not mention vitamins or nutrition! The musical entertainment provided was most delightful, too. An exhibit of the newer teaching aids and devices included many projects prepared by student nurses which will be welcome additions as posters for future publicity.

Representatives from twenty-three centres in Saskatchewan attended the convention and much time was devoted to the discussion of developments that it is felt have momentous bearing on the future of nursing. Under the caption of "Our Challenge for 1943", Miss Kathleen W. Ellis discussed the need for nursing services and ways in which the nursing profession under the leadership of the Canadian Nurses Association is planning to meet these.

R. C. CHRISTILAW

Assistant Registrar

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Edith Johnson, a graduate of the Winnipeg General Hospital, has been appointed temporarily to the Winnipeg staff.

Mrs. Elizabeth Lancaster (Northy) has been appointed temporarily to the Hamilton staff.

Erie Lloyd, a graduate of Women's College Hospital, Toronto, has been appointed temporarily to the Montreal staff.

Rose Mary Tansey has resigned as supervisor on the Montreal staff.

Elizabeth Riddell has resigned as nurse-in-charge of the West Vancouver Branch to enter the Nursing Service of the R.C.A.M.C.

Josephine Riley has resigned as nurse-in-charge of the Saskatoon Branch to be married.

Kathleen Tapp has been transferred from the staff in Burnaby as nurse-in-charge of the West Vancouver Branch.

Hester Lusted has been transferred from the staff in Winnipeg as nurse-in-charge of the Regina Branch.

Introducing the Nurse Administrator

KATHLEEN W. ELLIS

The nurse administrator is a brave woman who, because of her professional training and experience, undertakes to be responsible for the administration of an entire hospital and often to fill the role of superintendent of nurses as well. Most of us have found the latter a full-time job. My only excuse for attempting to discuss her is in order to satisfy a long standing desire to pay public tribute to the woman who can undertake to fill this dual position, as many of them do, most efficiently. I have never been a nurse administrator, except as a superintendent of nurses and under the able direction of the stronger sex, but I have known, and never cease to admire, a number of nurses who very effectively carry on the administration of a hospital.

It has been said that: "In the drama of life, now tragic, now comic, the nurse is by turns spectator, master of ceremonies, prompter, heroine and sometimes manager or director. In a very literal sense she may be all things to all people". The nurse administrator is indeed expected to be "all things to all people". Today, the superintendent of a hospital faces problems that only can be solved through the understanding and co-operation of all concerned and I hope to prove that the nurse administrator merits even greater support than her male counterpart. No one can question the wisdom of the male administrator who is astute enough to know that he needs the support of the superintendent of nurses. Our plea is that when assuming additional responsibilities, women must be given equal opportunities to analyze their needs and to interpret these directly to the body to which they are officially responsible.

The nurse administrator must be much more versatile than the average nurse. In addition to her duties as a general administrator of the hospital, she must keep very closely in touch with all the patients and their friends and be ready to receive them in visiting hours and out. She has not someone to inform her that Mrs. S. has been admitted, and that it would be well to slip up and see her. She must meet the needs of the medical staff and be able to interpret these to the Board of Directors and others, while still not overstepping the boundaries of her profession. She must be familiar with hospital accounting and understand the problems of the dietitian, if she is fortunate enough to have this valuable support; if not, menus are also her responsibility and all that goes with their preparation. The x-ray department, pharmacy and engineering departments must hold no mysteries for her. Over and above all this, the nurse administrator directs the admission and discharge of patients; in doing so she must still maintain at least a good working relationship with all members of the medical staff, even with the one whose patient is just too late for the last bed available.

The duties of the nurse administrator do not end even here. She is at least indirectly responsible for the collection of hospital accounts. If the barter sytem is used — and it is in a good many hospitals—she must be able to evaluate how many cords of wood the safe arrival of Mr. and Mrs. Jones' baby is worth; or how many turkeys Mr. Smith will be willing to exchange for the care he received while in hospital. The nurse administrator is also responsible for good community contacts with the hospital — these are usually taken in her stride in off-duty time. While under present conditions social functions have been reduced, community services and responsibilities have been extended on every side and in many places the local hospital is the centre of these. We have not touched on the nursing service, the most vital one in any hospital. The problems connected with it, especially in these times, are a whole story in themselves.

This picture may seem overdrawn, actually it is not. It is a story of an accumulation of responsibilities which nurses have assumed over a period of years and, with scientific and technical advance, these are increasing. Various health insurance schemes and wartime conditions have done away with the seasonal respite in bed occupancy that used to occur, and the problems of the hospital administrator in the present crisis are very great. The picture is not one of despair, it is one of special challenge — a challenge that is offered in some form to each one of us today — nurses as well as others are rising to it. May I introduce the nurse administrator, as a most honourable verification of this statement?

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Crown Brand and Lily White Corn Syrups are well known to the medical profession as a thoroughly safe and satisfactory carbohydrate for use as a milk modifier in the bottle feeding of infants.

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A Forward-looking Refresher Course

For months past leaders in all walks of life have focussed attention upon the need for a study of the factors which will influence professional thought and action in the post-war world. Further, they have prophesied that government will condition, in an increasing measure, professional policies of the future, and that, this being so, existing professional groups in the community might well get together to study jointly possible plans for future action in community service. With the purpose of applying this philosophy to nursing services, the School of Nursing of the University of Toronto, recently conducted a four-day refresher course under the general caption of "Public Relations and the Development of Nursing Services".

In the opinion of those in attendance, about sixty-five in number, the School has not previously dealt with a topic so constructive and challenging. The vistas opened up from the fields of political economy, public welfare, publicity, medicine and nursing were unbelievably many and varied. In an attempt to recapture certain trends of thought and conclusions reached, the following should be recorded: (1) An acceptance of the inevitability of economic and social change in the next decade, with far reaching changes affecting all professional groups, including nurses. (2) The need for an open minded attitude and approach, and for tolerant understanding in any consideration of these changes. (3) An emphasis upon the need for studying the factors which will precipitate these changes; for example—impending legislation, with the possibility of changing function and scope of work within the nursing profession. (4) The need for consistent and far reaching planning, both within the profession and with other professional groups holding common community interests. (5) A recognition of the assets and handicaps which nursing, as a profession, may take into the

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Handy self-closing tin that baby cannot possibly open and that mother cannot spill accidentally.

post-war period: with an understanding that it is for the profession to decide whether these handicaps will be temporary or permanent. (6) A recognition of nursing as one form of community service, and of nurses as one group of welfare workers. (7) An increasing desire to interpret this service to intelligent lay groups and to those in control of governmental services. (8) A reaching out to find ways of planning with other community workers for more effective communal service during the coming decade. (9) A willingness to participate in study groups and in the councils of organizations existing for this purpose. (10) An urge to expose more professional workers to the type of stimulation afforded by creative and constructive suggestions for joint planning in future community welfare.

The School experienced a peculiar satisfaction in planning the content of this course, and in securing lecturers with the ability to grapple with these problems and to apply them to nursing. It may be that, for the benefit of a wider circle of professional personnel, and with some modifications, the course will be repeated.

—F. H. M. EMORY

NEWS NOTES

BRITISH COLUMBIA

The following officers have recently been elected by the Trail Chapter, R.N.A.B.C. to serve during the coming year: president, Lottie Gerrish; vice-president, Eileen Somerville; secretary, Marion Gunn; treasurer, Alba Adams; representative to *The Canadian Nurse*, Nancy Robb.

Alice Bush recently joined the Nursing Service, R.C.A.M.C. Isobel McKay has accepted the position of superintendent of the Hospital at Pinchi Lake, B.C.

MANITOBA

The following officers have recently been elected by the Manitoba Association of Registered Nurses to serve during the coming year: president, Mrs. A. C. McFetridge; first vice-president, A. McKee; second vice-president, M. Street; third vice-president, Rev. Sr. Clermont; board members: F. Waugh, Rev. Sr. M. Reine, J. Carruthers, Mrs. A. Savage, L. Johnson, F. Nancikieville, Mrs. S. Perdue, I. Broadfoot; section conveners: hospital and school of nursing, C. Lynch; public health, E. Rowlett; general nursing, Mrs. M. Reynolds; committee conveners: social, K. McLearn; directory, A. Besant; University of Manitoba liaison, Mrs. McFetridge; Red Cross

enrolment, E. Wilson; finance, W. Stevenson; press, Mrs. R. Chalke; visiting, Mrs. W. Hryhorchuk; membership, D. Earle; legislative, G. Spice; instructors group, A. Carpenter; representatives to: Local Council of Women, Mrs. B. Moffatt; Council of Social Agencies, F. Robertson; *The Canadian Nurse*, L. Stewart.

NEW BRUNSWICK

Saint John:

National Nurses Week was an outstanding success due to the efficient efforts of Helen Cahill and Mrs. Van Dorsser. Window displays, broadcasts, and newspaper articles were the chief factors, and the Week closed marked by special well-attended church services.

The Saint John Chapter, N.B.A.R.N. has invited the Provincial Association to hold its annual meeting in Saint John on June 23 and 24. A. W. Trueman will be the guest speaker for the convention dinner to be held at the Admiral Beatty Hotel on June 23.

At a recent regular meeting of the Local Chapter Dr. T. E. Grant gave an interesting address on intravenous solution.

Thirty-eight graduates received their diplomas at the recent graduation exercises of the School of Nursing of the Saint John General Hospital. Mrs. H. A. Steele, a former graduate of the Hospital, was presented with an honour certificate conferred by the Order of St. John of Jerusalem. At the dinner and dance, held in honour of the 1943 class, 150 members were present.

Elizabeth Anderson, of Springhill, N. S., has been appointed to succeed Dorothy Jones as nurse-in-charge of the clinic of the St. John Tuberculosis Association. Miss Jones has done excellent work for the past 4 years. Miss Anderson will take over her duties on July 15, and in the meantime Muriel Clark will be in charge. Jane Stephenson, who has completed post-graduate studies at the McGill School for Graduate Nurses, will rejoin the General Hospital staff shortly.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 5

Oshawa:

The eight-hour day for private duty nurses on duty in the hospital was adopted in Oshawa, starting April 1. On that date the registry for graduate nurses in Oshawa was started in a private home.

New *under-arm*
Cream Deodorant
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Stops Perspiration

1. Does not harm dresses, or men's shirts. Does not irritate skin.
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TORONTO

Toronto Western Hospital:

At a recent meeting of the Toronto Western Hospital Alumnae Association, Mrs. Douglas Chant presiding, the graduating class of 1943 were received into the Association. Miss Beatrice Ellis stressed the increasing need for post-graduate work in order to meet the demand for better qualified nurses. Mrs. Brown was appointed as convener of the membership committee and Miss Pocock as co-convener. Miss Burnett and Miss Robins were appointed to the committee as representatives.

The special feature of the evening was an address given by Miss Gladys Sharpe who has just returned from military service in South Africa. The varied and wide experiences which she encountered during her sojourn proved most informative and entertaining.

It was unanimously decided that a Georgie L. Rowan scholarship be established for annual presentation by the Alumnae Association for post-graduate work. This scholarship is to be given as a tangible recognition in honour of Miss Rowan's services for the purpose of furthering nursing education.

Miss Eleanor Waines and Miss Pearl Turnbull, members of the Alumnae Association, have left for service in the Royal Canadian Navy.

District 6

The semi-annual meeting of District 6, R.N.A.O. was held recently at The Nicholls Hospital, Peterborough. The afternoon session was devoted to business and a skit, depicting a nursing clinic, was presented by Miss C. E. Williamson, clinical instructor in The Nicholls Hospital and Sister Benedictine, instructor in St. Joseph's Hospital, aided by Miss Conley of the department of public health and Mrs. Munro, assistant dietitian of The Nicholls Hospital, assisted by the students of St. Joseph's Hospital and The Nicholls Hospital. Forty-eight members of the District had dinner together and, at the evening session, the guest speaker was Dr. W. E. Blatz, Director, Institute of Child Study, University of Toronto. Dr. Blatz took as his subject "Why Nursery Schools?" He gave a very interesting account of his recent sojourn in England and illustrated his lecture by pictures taken in the Nursery School in Birmingham.

At a meeting held at the Ontario Hospital, Cobourg, Chapter B, District 6, R.N.A.O. was organized with Miss M. Waechter as chairman. This Chapter recently held a dance at which the sum of $300 was realized for the British Nurses Relief Fund.

District 8

A meeting of District 8, R.N.A.O. was held recently at which reports of the R.N.A.O. annual meeting were submitted by Rev.

Sister Evangeline and Misses C. Livingston, I. Allen, L. Gourlay, B. Jackson, B. Anderson, and the president, Miss P. Walker. Mrs. Irene Baird, of the National Film Board, gave an address in connection with her work.

A meeting, in the form of a panel discussion on general staff nursing, was held recently by the Hospital and School of Nursing Section at the Ottawa Civic Hospital. Special papers were presented by Miss R. Curley, Mrs. E. Russell, Mrs. E. Mungen, Miss E. McIlraith, and Miss I. Baird. A lively discussion followed. Miss W. Cooke presided.

The Cornwall Chapter, District 8, R.N.A.O. recently held their annual meeting at the St. Lawrence Sanatorium. The chairman, Miss Myrtle McWhinnie, presided over the short business session which ensued. The contingency fund for the provincial treasury of the R.N.A.O. was discussed. Miss Agnes Sargent was nominated convener of a committee to handle this matter. As the date commemorated the birthday of Florence Nightingale, it was appropriate that her life and work should be brought before us. This was ably done by Miss Dorothy Kirkwood, one of the graduating class of the Cornwall General Hospital. Her outstanding work in the Crimea and her part in the formation of the Red Cross Society were all brought in with real understanding.

The guest speaker was Miss Marjorie Davis of the home economics department of the Cornwall Collegiate and Vocational School. Miss Davis has the enviable ability to make a well known and, to most people, slightly boring subject like that of nutrition—interesting. She brought home to us the appalling indifference of the ordinary person towards good nutritional habits: "If nutrition experts advocated something weird and wonderful as, for instance, an avocado salad or broiled lobster on toast, three times a day, some people would adopt it religiously, but just because such everyday articles as whole wheat bread, carrots and milk make up, in part, a well balanced diet, people are just indifferent and are quite content to jack themselves up occasionally with some concentrated vitamins from the corner drugstore!" Miss Sybil Everitt, who is in charge of the Cornwall branch of the V.O.N., regaled the meeting with an excerpt on public speaking in which were enumerated three terse but pertinent rules, to wit: "stand up, speak up, shut up". Anyone who has listened to speakers, who apparently were not aware of these rules, will understand the importance of them. Just in passing, we have found that Miss Everitt both knows and follows these rules to perfection!

To close the evening, the members all joined in a friendly singsong of old favourites with Miss Marguerite Saxton, superintendent of nurses at the St. Lawrence Sanatorium, at the piano.

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QUEBEC

McGill School for Graduate Nurses:

The annual meeting of the Alumnae Association of the McGill School for Graduate Nurses was held recently and was well attended. Reports from the various committees were read and approved. The graduating class, which was well represented, was welcomed into the Alumnae Association, following which a reception was held in their honour.

The following officers were elected to serve during the comng year: president, Winnifred McCunn; vice-president, Margaret Truman; secretary-treasurer, Jessie C. Cook; committee conveners: Flora Madeline Shaw Fund, Mrs. L. H. Fisher; finance, E. Frances Upton; program, Elizabeth Steele; representatives to: Local Council of Women: Margaret Brady, Eleanor Martin; *The Canadian Nurse*: Clara Aitkenhead (convener), K. L. Annesley, Jessie Morris, Kathleen M. Stanton.

Recent visitors to the School included: Nursing Sister Edna M. Hattie (P.H.N., 1940) and Ethel Grindley (P.H.N., 1937).

QUEBEC CITY:

The graduation exercises of the School of Nursing of Jeffery Hale's Hospital were held recently. The exercises were opened with a prayer by Rev. Hibbard, and Mr. J. T. Ross, assisted by Miss M. E. Lunam, presented the graduates with their pins and diplomas. Dr. W. Carter gave an inspiring address. A reception was held later for the graduates and their guests.

The Alumnae Association recently entertained the 1943 graduates at dinner with the president, Mrs. A. W. G. Macalister, in the chair. Miss Lunam, Miss B. Ford, Mrs. Pfeiffer, Miss MacCallum, and Miss O'Connell participated in the various toasts. The class prophecy was given by Miss M. Buffett. The guest speaker, Miss A. Gray, spoke on the work done by the Government for the dependents of soldiers. A dance was given recently by the staff and board of governors in honour of the 1943 class, and the graduates held a wartime tea for their many friends in the city.

Gladys Moore has joined the Nursing Service of the R.C.A.F. Mrs. K. Falconer, M. Stormont, and D. Thayer are doing private duty in Quebec City. E. Ramsay and D. Finley are on the staff of the Savard Park Hospital, the latter being with the x-ray department. V. Hopper is in the operating room at the Children's Memorial Hospital, Montreal, and S. MacIntosh and M. Buffett are on the staff of that hospital. B. MacKinnon, L. McCormack, and R. White are working as industrial nurses in Quebec. P. Lindsay is on the staff of the Alexandra Hospital, Montreal. G. Beaman is doing private duty in Sherbrooke.

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